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NO. 1

ORIGINAL COMMUNICATIONS

WITH THE MAINE TO SOUTH AFRICA*

By M. EUGÉNIE HIBBARD

Superintending Sister American Hospital Ship Maine

THE American hospital ship Maine left London, England, bound for Cape Town, South Africa, Saturday, December 23, 1899, sailing under three flags, a most unusual occurrence and marking an historical event. The flags flying were the Red Cross, the Union Jack with Red Cross inserted in the centre, and the Stars-and-Stripes. "He who runs may read" of our errand of mercy. Thus decorated, we slowly, almost imperceptibly, drifted from the West India Dock, where preparations for the voyage had been made. Those of our friends and of the cause sufficiently interested to brave the weather—and they were many—bade us farewell, God-speed, and safe return. The crews of the different vessels lying in dock cheered as we passed, cheered Lady Randolph Churchill, who accompanied us in her official capacity as chairman of the Committee of the American Hospital Ship Fund, cheered Winston Churchill, who had until a short time previously from early in November been a prisoner of war at Pretoria, and of whose plucky escape and safe arrival at Delagoa Bay we had just heard, cheered the captain (Captain Stone), officers, medical officers, and then lustily sang out instructions the tenor of which was to "bring back Kruger."

Slowly yet surely a thick blanket of fog settled down upon us, and ere we left the dock it was ordered that we should remain there for the night. Early the next morning we slowly proceeded, being detained

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again by fog, and it was not until Monday morning, Christmas Day, that the pilot left us near Dover.

Christmas Day on board a hospital ship just starting on a four-weeks' voyage is a new and interesting experience. The day passed quietly and without event until, after indulging in a regular Christmas dinner, the roughness of the sea made itself felt in an uncomfortable manner. From that night, December 25, until Friday, December 29, we would like to draw a veil, being during that time ungraciously, unmercifully, and unkindly treated by the far-famed "Bay of Biscay O." The decks in the mean time were almost deserted, the weather continued unusually stormy, and it was not until we sighted the Canary Islands, January 2, 1900, that our equilibrium was restored. The sight of land, houses, and lights—for it was evening—was a most refreshing sight, and our spirits rose, after a tedious and depressing period of ten days.

LAS PALMAS, Wednesday, January 3.—Having arrived too late to anchor, the ship slowly cruised backward and forward all night, the coast being in this vicinity dangerous on account of the rocks. It is here the Dudgeon Grange went ashore, a transport on its way to South Africa with horses, etc., and which lies now on the rocks a total wreck. Early this morning, however, we anchored, and signals were hoisted. The news we received was very meagre, and I believe not reliable, regarding the war.

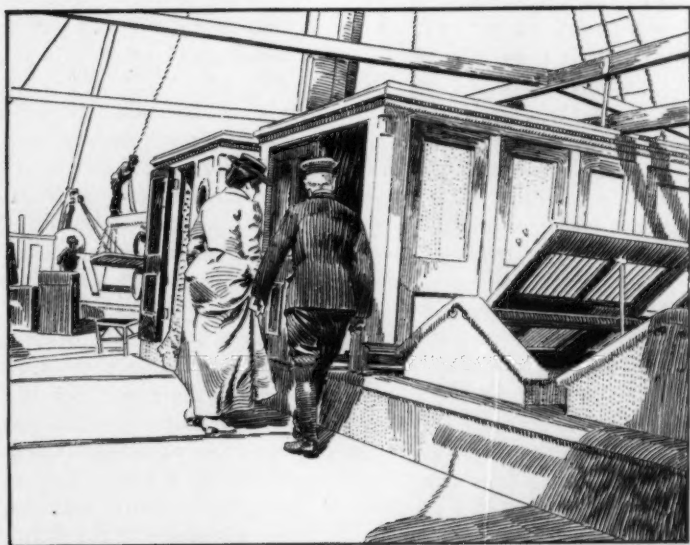
Las Palmas is the capital of the Canary Islands, belonging to Spain. This island, like most of the southern or tropical ones, is picturesque. The town is built at the base of the hills that rise almost from the water's edge; the hills, ending in regular and irregular peaks, are usually clothed in mist, and to-day are tipped with glints of sunshine. The houses dotted along the shore are one-story buildings, with here and there a more pretentious-looking domicile or hotel, and the square towers of a church break the line, otherwise monotonous. The coloring one is accustomed to see in views of Venice particularly is here found to perfection; the various shades on land, sea, and sky blend in one peculiar light, leaving the impression of all being enveloped in a haze of intense clear blue, and everywhere pervading. I am indebted to our captain for a peep at Teneriffe, the snow-crowned peak, which I saw in the distance, but most distinctly, through the ship's glasses.

It is here—and I must not forget to note it—that we found the most delicious oranges, but they are extremely perishable. We bought sufficient to last us for several weeks, and many have been sent on board by friends.

At eight P.M. we started on the last and longer part of our voyage,

and left Las Palmas much benefited physically and morally by our stop, even of so short duration. The evening is beautiful and the motion of the ship not uncomfortable.

January 4.—Is the first fine day we have spent since leaving London. All have settled down to a systematic life and accept the monotony that invariably prevails on board ship. Breakfast, luncheon, and dinner are regularly partaken of, odd hours and minutes are filled with work or pleasure; for distractions we are ourselves each to the other responsible. Evenings can be comfortably spent on deck. The moon and stars, though



LORD ROBERTS VISITING HOSPITAL SHIP MAINE AT CAPE TOWN, SOUTH AFRICA

they bring us no messages, recall to our memory incidents that have seemed lost in the busier moments of our lives, and I even think of Browning. The sky, the sea, over, around, and below us, form the confines from which we apparently cannot escape and live.

There is, fortunately, work to be done—a great deal in connection with the wards; in the line of cleaning, unpacking, and sorting of stores; unpacking and listing of books, etc. These duties will occupy most of our time, or until Cape Town is sighted.

Tuesday, January 9, 1900.—To-day "the ship is dressed" in her

best (this term is used when flags are flying) in honor of the anniversary of Lady Randolph Churchill's birthday. To-day, also, the ceremonies of crossing the line (equator) were conducted by Father Neptune and his unfortunate spouse, who, we observed with much sympathy from our place of safety, the bridge (by the courtesy of the captain we were invited to watch the proceedings from an elevation), was merely a figure-head. We thoroughly enjoyed the fun, which was tolerated for the sake of sport and custom by the unfortunate men crossing the line for the first time. The officers, surgeons, and others unwilling to undergo the shaving and ducking process were allowed to pay a fine of two shillings sixpence levied by the judge after a *proper* hearing of the case.

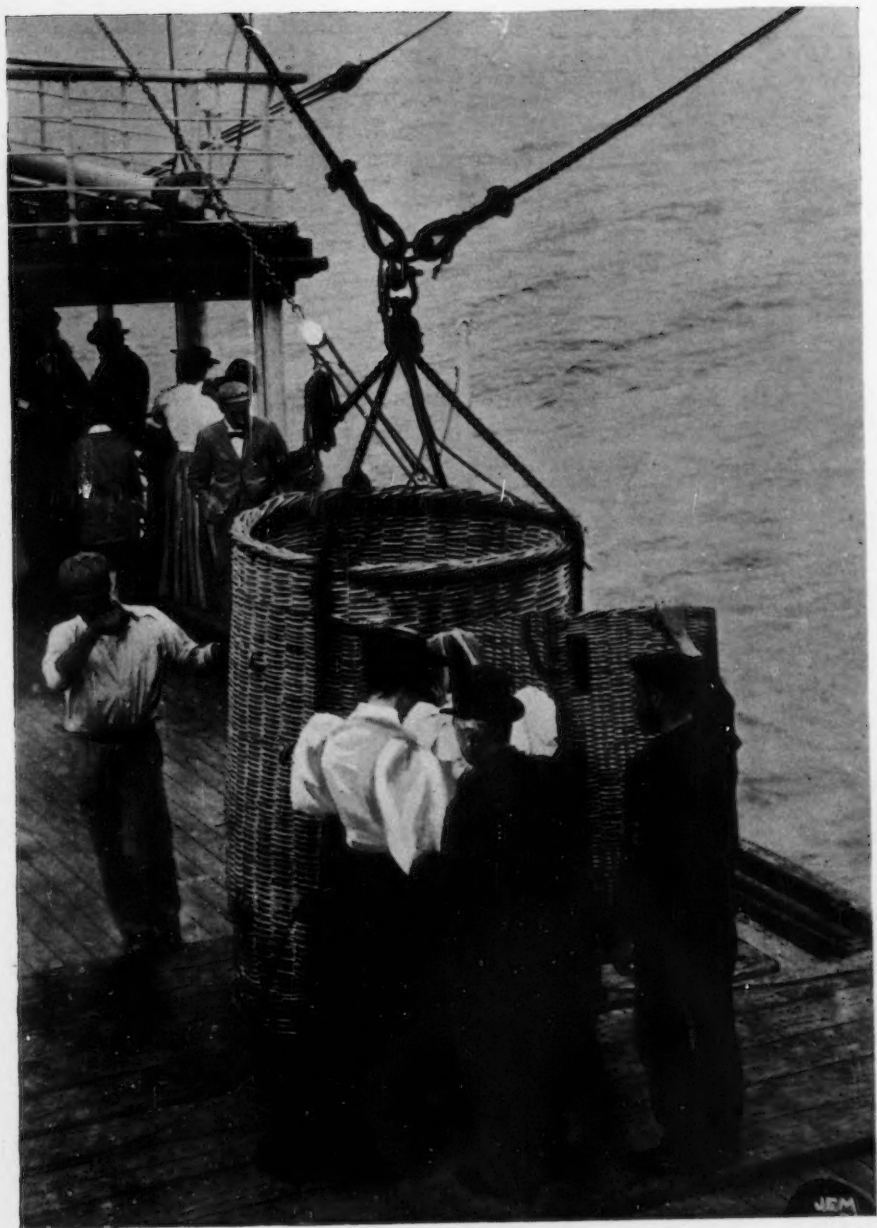
Wednesday, January 17.—A grand smoking concert was held this evening on the poop-deck, all talent on board participating. A large and appreciative audience was present.

While making preparations for the sick and wounded, the intense longing for news comes over me. I miss the daily touch with the world, and the complete isolation for the time being robs one of the possibility of securing for himself the joys that sea-air, sunshine, and complete rest would otherwise bring. I wonder, and I lapse into the old refrain, What news will we hear at Cape Town? and, further, I speculate as to when the war will be over. Ignorance may be bliss, but it is right hard to be content and ignorant.

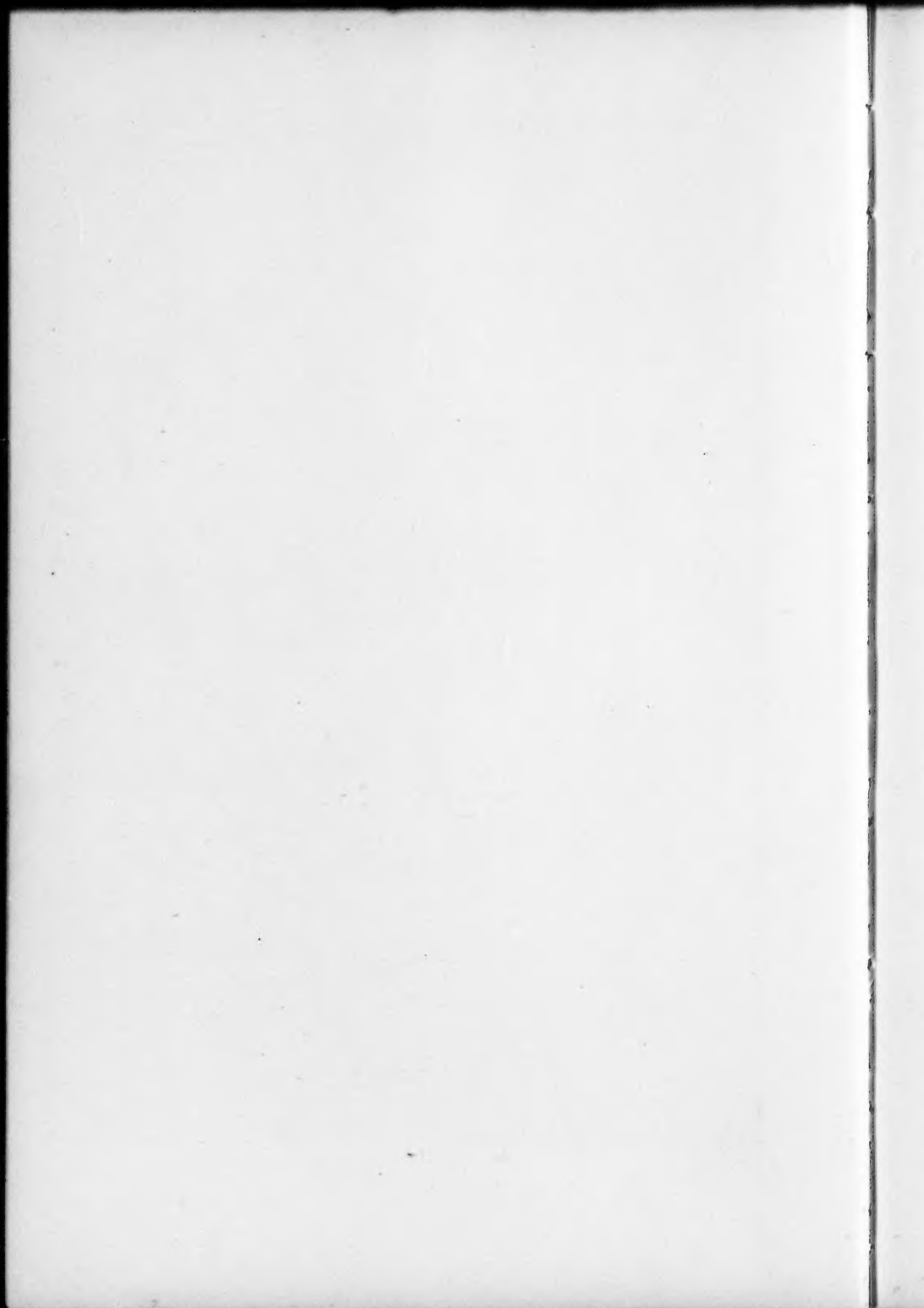
Saturday, January 20, 1900.—The voyage begun four weeks ago to-day is drawing to a close, and we expect to reach Cape Town to-morrow. The hospital wards are in trim order and the appearance of the ship is much improved. On inspection we fully realize that much hard work has been done since we left Las Palmas. The paint-brush has been busily plied by the crew above and the orderlies below deck, much to the discomfort of the wearer of skirts, it being impossible to maintain a chalk-line carriage on account of the rolling propensity of the ship.

Every one seems happy and cheerful, expecting to see land to-morrow. A message signalled from a passing vessel conveyed the news, "Reported relief of Ladysmith." This was received with great delight, and the first word of the message was intentionally omitted or not in our minds, as it suited the disposition of the individual, and we longed to hear the truth.

Sunday, January 21, 1900.—Early this morning we caught sight of land—a dark line at first; then, outlined against the sky, the rocks which form the coast. About seven A.M. we caught the first view of Table Mountain, then the signal-station standing on a bluff, as a sentinel on guard. It only seems consistent in our present state of mind, due to constantly dwelling on the absorbing topics of war, to imagine the



"IN YOU GO." THE BASKET TRICK



coast bristling with cannon, rifles, bayonets, lances, etc., the various implements of war. But the illusion was quickly dispelled on approaching nearer, and in full view, Table Mountain, with Cape Town nestling at its base, facing the laughing waters of Table Bay, was most reassuring. This sense of protection and strength was increased on beholding the number of ships lying at anchor—transports of every size and description, too many to enumerate, with other vessels and sailing-ships of all nationalities. We feel proud to be numbered among the many that have come to give assistance and are privileged to be present at this interesting place at this momentous time. History no doubt will hand down as famous the names of many of the people we have met and of many of those we are likely to meet here,—this Mecca of the British soldier of the latter months of 1899 and the early part of 1900.

After due and proper formalities had been indulged in, such as visits from transport officers, port-master, and a personal visit from the United States consul, Colonel Stowe, permission to go ashore was granted. News we have received but little of, and, to-day being Sunday, letters none. The weather is beautiful, corresponding with our month of June. The following days are fully occupied in visiting the town and in receiving visitors. Among those who thus complimented us on our work must be mentioned Lord Roberts, Sir Alfred Milner, Governor of Cape Colony, Sir Edward Chichester, of special interest to Americans, Major Morgan, commanding officer of the hospital ship *Princess of Wales*, the principal officers of the medical department, also many Americans resident in South Africa, refugees now at Cape Town.

Tuesday, January 23, 1900.—An "At Home" was given "to meet Lady Randolph Churchill and the Staff of the American hospital ship *Maine*," at Mount Nelson Hotel, perched on a beautiful spot on the mountain's side and considered the best hotel in South Africa, now the abiding-place of many so-called refugees. Here we were most hospitably entertained, and assured of the interest and sympathy of a large colony of Americans. Captain Slocum, U.S.A., attaché, was present among other visitors.

The peculiar phenomenon of the Table Cloth on Table Mountain was watched with great interest, as at this spot it can be seen to perfection. The cause of this effect is the low-hung cloud or mist, which rests first on the top of the Table and, falling over the edge, looks like the spray that tumbles over Niagara Falls until it meets the warmer air, when it entirely disappears. We saw this under the inspiration of the sunset, which in itself was glorious.

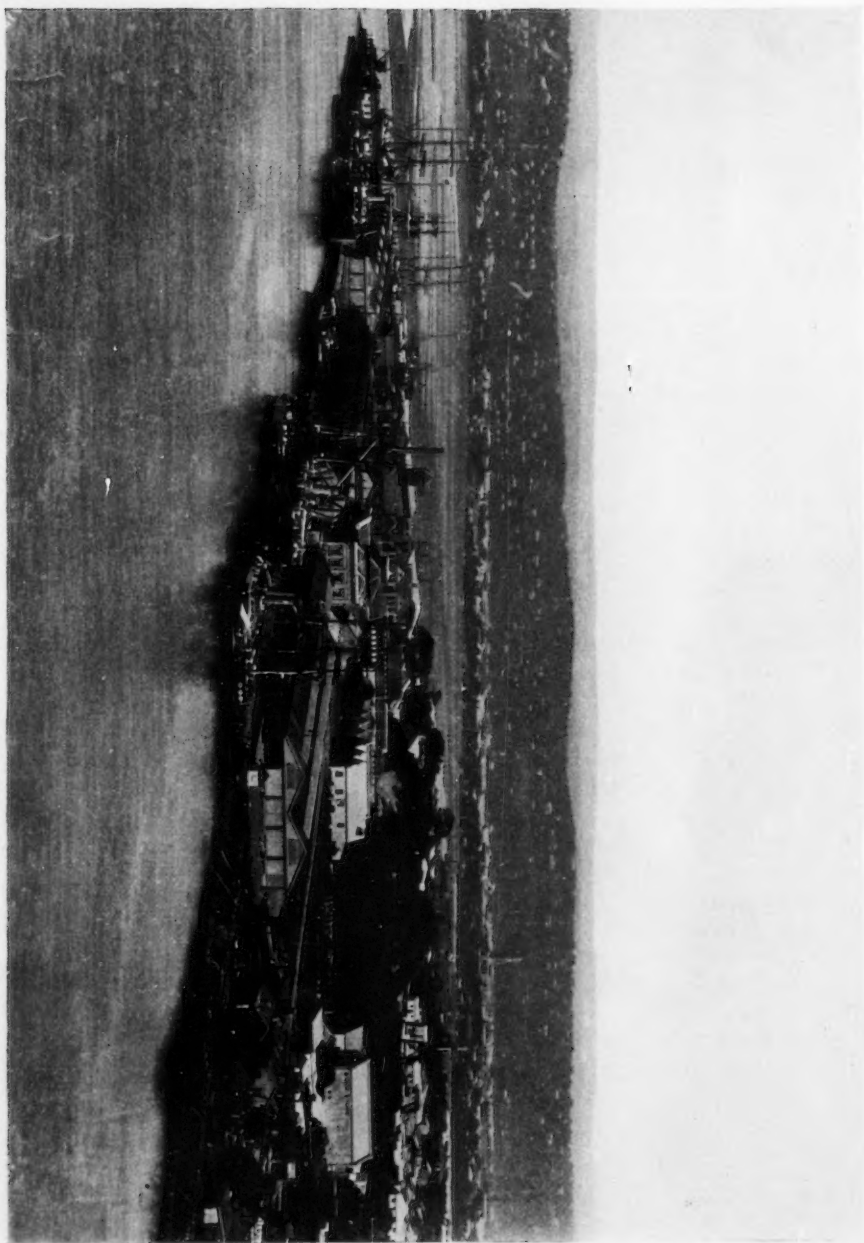
Thursday, January 25, 1900.—Found us under orders to proceed to Durban and await the relief of Ladysmith. Very little news has been

received during our stay here, though it is universally known that General Buller has again begun operations for the relief of Ladysmith. No news cannot always be interpreted as being good news, so silence seems momentous at this particular time.

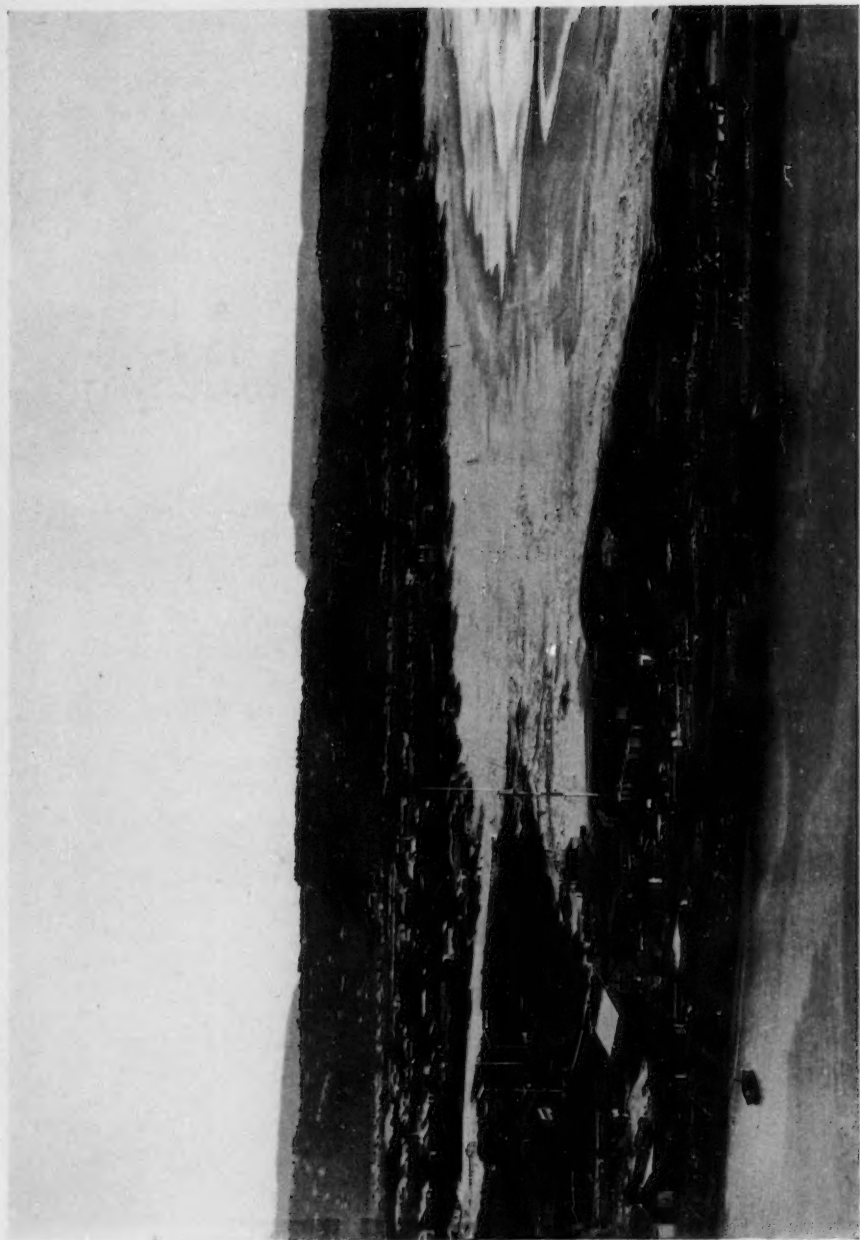
Accompanying us to Durban are eight sisters of the Army Nursing Reserve, who came out attached to Hospital No. 5, but who were disbanded before the formation was completed, as their services were needed elsewhere. Much speculation was indulged in as to where they would be stationed, the more daring hoping for an entrance to the "besieged city," as help of this kind was badly needed. The East Coast of Africa has the reputation of being very rough, and the trick of landing passengers from the larger to the smaller boats in baskets is here practised. We are greatly pleased to hear that the journey will only take about four days, and that the coast will be in sight nearly all the way.

What a delightful trip, if one could only forget for a brief period the reason of our being in these waters, and think only of the place, the climate, and our surroundings, which have a home-like appearance from constant contact and habitual use.

Sunday, January 28, 1900.—Is a day of grace and leisure. The air is beautiful. Though the haze on shore and on the ridges of the hills denotes heat, we suffered but very little, being protected by the awnings. About three P.M. the horizon showed signs of a storm, which steadily increased. The barometer fell rapidly, and we felt it had become a serious question, when orders were given to furl all awnings, close ports, and send all portable chairs, etc., below. Fortunately, the awning covering the stern of the ship was left up, as it was considered quite secure, and for some time we sat under it, watching the approaching storm, the clouds, and the peculiar appearance of the water. There was a heavy stillness in the air, portentous of coming events, and nothing would have induced us to go below. None of us were aware of what was transpiring but a short distance off. The rain, which began with slight force and in uncertain quantities, now fell heavily, the lightning and thunder were continuous, and the wind so increased in volume that we were obliged to move to the port side of the ship for shelter. Hardly had we seated ourselves when large hailstones fell in profusion. They were from half an inch to an inch in diameter and even larger before they fell on the deck and broke. In a few minutes the sea assumed the peculiar appearance of being covered by myriads of miniature fountains apparently from six inches to a foot and a half in height, caused by the force with which the hailstones were precipitated into the water. These, resting on the surface, gave to the sea the appearance of a floating snow-



PANORAMA OF DURBAN AND BEREA FROM THE BLUFF. NO. 1



PANORAMA OF DURBAN AND BEREA FROM THE BLUFF. NO. 2

bank. Busily watching this interesting scene, and with our backs to the approaching storm-cloud, we were taken unawares when "the terrific squall with hurricane force" broke over our heads. We were obliged to crouch on the deck, covering ourselves as best we could, until rescued and taken to the companion-way. Hardly had we reached the deck below when the awning which had been our protection to a great extent was torn from its fastenings, the braces both of iron and wood were wrenched from their sockets, and with the canvas were hurled over the port side of the ship. The rain and hail with the wind continued in force for some minutes, then subsided, and the sun, breaking through the clouds, appeared as if smiling at our fears. During the storm the ship had put out to sea, and we lost sight of the coast-line. The wind and rain, which continued at intervals during the night, gradually lessened in force, and the morning broke hot and oppressive.

Monday, January 29, 1900.—We reached Durban about three P.M. Passing the bluff on which stands the signal-station, we entered what is called the outer anchorage. Here we saw, among many other ships, but prominent among them all, H.M.S. *Terrible*. This cruiser with her sister ship, the *Powerful*, are two of the largest afloat. The crews of these two ships have made themselves conspicuous by their conduct in seeking to relieve besieged Ladysmith.

Here we heard of the retreat of Sir Redvers Buller's "unbeaten forces" after the third attempt made to relieve the unfortunate city. The number of casualties is given at about sixteen hundred. Immediately preparations were begun on board the *Maine* to perfect the accommodations for the reception of the sick and wounded soldiers. Under the supervision of Captain Holland (one of the officers of the transport department) changes were made that were absolutely necessary to secure greater comfort for the patients and improved facilities for the nursing department, and for the first time our hospital assumed its proper appearance.

As the British government found it required a larger number of hospital ships, many passenger vessels were here transformed for this purpose. This had been most expeditiously done at Durban harbor, and we found ourselves in the hands of experts. Among the hospital ships which we saw during our stay at Durban were the *Spartan*, *Trojan*, *Avoca*, *Nubia*, *Lismore Castle*, and *Oceana*, and others were under way ere we left.

(To be continued.)

WHAT WE MAY EXPECT FROM THE LAW

By LAVINIA L. DOCK

"Our human laws are but the copies more or less imperfect of the eternal laws, so far as we can read them, and either succeed and promote our welfare or fail and bring confusion and disaster according as the legislator's insight has detected the true principles or has been dictated by ignorance and selfishness."—FROUDE.

"Law as it actually exists in modern society is the aggregate of a system of rules by which a political community regulates or professes to regulate the conduct and the rights and powers of its members and its own interference with their freedom, and any rule answering this description is, if authoritatively promulgated, a law."—CENTURY DICTIONARY.

MANY of us have an indistinct impression that the "law" is something of the nature of a finished product, of which certain ready-made quantities may be procured as one orders household goods. One often hears the words, "There ought to be a law to compel" thus and so, or, "Such a thing ought to be forbidden by law." It is the natural attitude of the mind towards something unfamiliar. Let us realize that laws are public agreements which people just like us make and which we can also make. To have laws passed regulating our profession is only to do on a large scale what we now do in a small way in our voluntary constitutions and by-laws. We must first decide what we want to do, then find out what others who are of different opinions want, and finally by mutual agreement decide on concessions which we can get a good working majority to support. Even as to compulsory power, which is the essential characteristic of law, the difference is only one of degree: our voluntary constitutions have the germ of the compulsory idea, the difference being that this compulsion cannot reach outside of the association, whereas in State law the compulsion reaches throughout the State.

To be effective, a compulsory law must not only provide the penalty for disobedience, but must make provision for enforcing this penalty and for defraying costs.

Many laws, especially such as are meant to regulate the conditions of labor of, let us say, women and children, fail entirely to effect the desired changes because they have been so constructed that the method of enforcing the penalty has been left out. This point needs emphasis; so many people imagine that law is like an automatically working machine; that once passed it will keep on going of its own accord, protecting the good and restraining the bad. On the contrary, unless some one is enough interested to be responsible for seeing that it is obeyed, it will stand on the books forever as harmlessly as a verse from "Mother

Goose." "If the mere passage of restraining acts were sufficient to keep men from crime, or even in any great measure to limit it, there would be no such thing as theft, for there are enough laws against it." * Who then is responsible for seeing that law is obeyed? Whoever is injuriously affected by its being disobeyed must see to it. If the State is injured, the State will see to it. But if we make laws for our benefit, the State will not concern itself further than by providing courts of justice. Thus we find that in the best medical laws, the county medical societies are designated as being the bodies who shall bring prosecution for violations of law, and the expenses they incur are to be repaid from the fines.

We, if we wish to secure laws, will have to do the same. The only alternative would be to allow some other body of persons to take this trouble off our hands, in return for which service we would place ourselves under their control. This would be slavery, of which not even the shadow can be tolerated.

So it comes down to this: not, What can we expect from the law? but, What can we expect from ourselves and from the people all about us? They will not willingly allow us an advantage which they think will disadvantage themselves, and we may not disregard their interests in considering our own, but should rather seek to safeguard both, and so go amicably on together.

What, then, do we want to do? To establish a recognized standard of professional education. There will be a disappointment here to many, for we cannot establish by law our *highest* professional standards, only the medium,—only the fair general average, at any rate, at first. The secretary of the University of the State of New York writes: "It would be wise, in a movement for licensing trained nurses, to establish a State society and then to determine *minimum* qualifications to be exacted in preliminary and professional training. The object of the law will be defeated if the requirements are fixed too high at first."

Restrictive legislation affecting the professions, then, is not to be gained once and forever; this is another point for us to remember. It does not mean just one effort, but continuous efforts for the rest of time.

The American Medical Association has been working at legislation for fifty years, and the secretary writes: "The laws are *gradually becoming more stringent* [italics are ours] in the States which have adopted medical laws." Our highest present standards are the result of special intelligence and special advantages; all have not the same, and

* Proceedings Sixteenth Annual Convention National Association Dental Faculties.

it would be no more reasonable to expect all to suddenly conform to the highest, than it would be to expect the bread to bake without being long enough in the oven. We must first have the higher education, and then the law to protect it. The secretary of a certain national association writes: "We have secured laws in several States; . . . while these are not such as we would like to have them, yet they are an entering wedge; . . . the one thing that is needed first is good technical education before we can expect good legislation." And another: "It is worse than folly to hope to make men ethical by the law, just as it is supreme inanity to expect legislation to make them intelligent or learned; . . . we urge the abandonment of professional strife, the burying of personal differences, and the union of all in one common purpose to raise our professional standards as fast as, and no faster than, they can be firmly maintained." *

We have, as nurses, a fair average standard of two-years' general training, sanctioned by public consent during thirty years. We are developing a three-years' general training through the individual initiative and mutual agreement of those who have grown to this stage of progress

We may safely trust this element to go on distributing the leaven. It is instinct with the spirit of growth and needs only to be let alone. But we can *not* trust those who, from mistaken motives or from imperfect intelligence, attack our two-years' minimum. These are they against whom we must defend ourselves by laws which will forbid them to chip away a bit here and a bit there, like thieves at a cellar-wall.

Such encroachment on fair standards as a *six-weeks' theoretical course* in nursing, concluded by the giving of a diploma, which is now in existence in one of our large cities (not conducted, one is glad to say, by nurses), could be put an end to by a State association of nurses by passing a simple law requiring a stated time-limit, just as similar medical swindles, bogus colleges, and the like have been put an end to by the State medical societies.

Another sorely needed protection, towards which the "time-limit" of study, which is considered essential by all the professions, would not help us, is against the multiplication of training-schools in specialty hospitals and those of limited clinical material. To obviate this it would be necessary to specify in the law the variety of subjects in which a nurse applying for State registration would be required to pass examination. This is done in the best medical laws, but we would hardly secure such provision at law for some time to come, as it would naturally meet with great opposition at first.

* Proceedings Sixteenth Annual Convention National Association Dental Faculties.

The dental profession has successfully limited the numbers of dental colleges through its Association of Dental Faculties, and so maintains their standards: needless, however, to point out the difference between their circumstances and ours. Hospitals not only ought not to be limited, but ought to be multiplied, of every kind, special as well as general, and the training-school is usually a part of the hospital, not a separate entity like a college. However, that it might be made more so than it is has been repeatedly urged by nurses who consider these things, for the past six years or more. A system of paid graduates for private hospitals, post-graduate courses in large specialty hospitals, and a rotation of pupils from some large central school for the small general and specialty hospitals has been urged by nurses at private duty and in hospital work, by the American Society of Superintendents, and by the English Matrons in Council in print and in public discussions over and over again. It is satisfactory to see that members of the medical profession are now adopting our views and advising hospital managers to work out the plan. "First the blade, then the ear, then the full corn in the ear."

The secretary of the University of the State of New York writes, again: "It would probably be impossible to effect direct legislation to prevent training-schools from being established in small or specialty hospitals, from the innate American desire for personal liberty, and legislators hesitate to enact such laws. The indirect method would doubtless receive wider support."

As to how legislation would affect nurses already practising, a study of the medical laws of the different States shows that reputable practitioners already established were in no case taken by surprise to their disadvantage, but were treated with extreme consideration. In some States they were not required to pass the newly established examinations, but received the State certificate for registration simply on the strength of their diplomas or from five to ten years' practice. Other States gave two or three years' time in which they might prepare for examination. The newly made laws usually provided that such steps as extending the course or amplifying the subjects for examination should not take place immediately, but at a given date from two to five years after the passage of the law. This gave time for accommodation to take place, and worked no immediate hardship. Such questions as moving one's residence are easily arranged for on common-sense principles.

EXAMPLES OF MEDICAL LAWS, CONDENSED.

1.

No person allowed to practise without certificate of qualifications from an authorized board of medical examiners. State and County Societies elect

examining boards, one for State and one in each county. Each of these boards may examine. Qualifications necessary for passing are left to their judgment; no specifications in law. All those already practising at time of passage of act to be entitled to certificate of medical examining board without passing examinations. Penalty misdemeanor; fine \$25 to \$100.

2.

Regents elected for life by Legislature. Appoint medical examining boards from nominations made by medical societies. Expenses of boards met by fees. Qualifications specified in law: Age, moral character, proofs of preliminary education, college or high school or equivalent, or regents' examinations; four years from date this preliminary work to be more exacting. Four-years' course in medical college of a certain grade; *e.g.*, any one registered by regents as maintaining uniform standards. Evidence of five or more years' practice may be accepted as equivalent, such substitution to be recorded in license. Men from other States where State board has standards not lower may have their certificates endorsed by regents, with all rights. Penalty, \$250 to \$500 fine,—or imprisonment, or both.

3.

Law provides two forms of certificate,—one for those already practising and one for future applicants.

MISS LINDA RICHARDS

By ONE OF HER PUPILS

THE first woman to enter a training-school for nurses in the United States still occupies an active institution position after twenty-eight years of almost constant nursing work.

Miss Linda Richards was born in New York State, but was reared and educated in Vermont. She is a woman above the medium height, commanding in appearance, with a genial, sunny personality that has won for her many friends.

The New England Hospital is rarely accredited as being among the first to establish training-schools. Such, in fact, is the truth, although the hospital at that time was small and the period of training only one year.

Miss Richards entered this school, its first pupil, September 1, 1872, receiving her diploma one year from that date. One month later she went to Bellevue, New York, as night superintendent, the first American trained woman to hold a hospital position.

November 1, 1874, she took charge of the Boston Training-School connected with the Massachusetts General Hospital. At this time the training-school experiment was wavering. Perhaps her greatest work was done there in turning the balance, restoring professional confidence



MISS LINDA RICHARDS



by her reorganization of the school on lines so broad and judicious as to be the basis upon which the school is largely conducted at the present time.

April 16, 1877, she sailed for England for extended hospital experience. She spent some months as resident nurse in St. Thomas and King's College Hospitals, London, and at the Royal Infirmary of Edinburgh, visiting many hospitals in London and Paris.

January 1, 1878, in co-operation with Dr. E. Cowles, she organized the Training-School of the Boston City Hospital. December, 1885, she was sent by the American Board of Missions to organize a school for the training of native women nurses in Tokio, Japan, returning to America in March, 1891. For eight months she was in charge of the "visiting nursing" work of Philadelphia, was for a short time at the Pennsylvania Hospital for the Insane, but failing in her effort to establish a training-school there she accepted an invitation to organize the school of the Methodist Hospital, Philadelphia, which position she resigned because of ill-health.

January 1, 1893, she returned to the New England Hospital as superintendent of the hospital. In April, 1894, she went to the Homœopathic Hospital Training-School, Brooklyn, where her organizing talent was necessary, remaining for the term of her engagement—one year. In November, 1895, she took charge of the Training-School of the Hartford Hospital, remaining two years. The plans for the Nurses' Home, recently completed, were made during her administration. Then followed one year at the University of Pennsylvania Hospital, Philadelphia. For the past year her work has been in connection with the Insane Hospital of Taunton, Massachusetts.

For a long time Miss Richards has felt that there was great need for intelligent trained women in many of the institutions for the insane, and she has entered into this branch of the work with the spirit of a philanthropist, giving of her vast experience for the alleviation of the condition of this most pitiful class of people.

With the many changes that have come in nursing methods during this quarter of a century Miss Richards has kept closely in touch.

No one woman in the profession has wielded a broader influence as an organizer and reformer. Wherever she has set her hand, improved conditions have followed for patients and nurses.

To those who know her intimately, one of her greatest charms lies in her extreme modesty. Always ready to lend a helping hand to others, she never pushes herself into public notice, but is always retiring and modest, a womanly woman in the truest sense.

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF
ISABEL McISAACS

SPECIALTIES IN NURSING

By KATHERINE DE WITT

Not many years ago the doctor of medicine was also a surgeon, a gynæcologist, an obstetrician, and an apothecary. His companion in work, the nurse, was often expected to perform the duties of the housekeeper, cook, laundress, and nurse-maid, and to do sewing in spare moments. Many persons now living can look back gratefully to the old family physician who pulled their teeth with murderous-looking instruments, who dosed them with strong pills of his own make, and who was always at hand with his ready cheer and courage in every illness. Many women can remember the relief brought by the corpulent old auntie, who used to come with the *Klapper-Storch** and take up all the household work as it fell from the mother's hands, cooking for her husband, dressing the children, and keeping all things running smoothly, often performing these duties with the baby on her arm.

Why are such doctors and nurses not seen to-day?—they were helpful, kindly, skilful, and filled a need. Because present civilization and modern science demand a perfection along each line of work formerly unknown. The dentist of to-day has too many absorbing interests of his own to dabble in surgery; the pharmacist is not supposed to prescribe the wares he dispenses; the nurse cannot leave her pneumonia patient to feed himself while she washes dishes.

Useful as the old nurse was, with her ready adaptability to many kinds of work, the new nurse is more useful, at least to the patient himself, and ultimately to the family and community. Her sphere is more limited, but her patient receives better care than was possible under the old time *régime*.

Doctors have not only dropped such kindred professions as pharmacy and dentistry from their field of labor, but many feel that a whole lifetime of study and investigation is not too much to give to some one branch in which they are interested, so that we have to-day a great army

* White stork.

of specialists,—the oculist, the aurist, the gynecologist, and so forth. All these specialists, however, have begun their work with general medical training, and have taken up later the work required for their chosen study.

Where doctors lead, nurses are sure to follow, and they also have to some extent taken up special lines of work. Some nurses begin their professional career by taking training which is one-sided, or practically so, only the theoretical studies covering the entire ground. Those nurses who are trained in sanitariums, in children's hospitals, or in small surgical hospitals do not always confine their practice to the ground covered by their training, but often take up general nursing, believing, probably, that thorough training in one line and careful study prepare them sufficiently. No nurse who has had general training underestimates its importance; she would be unwilling to care for a disease she had never seen. To be sure, the doctor is responsible for the general conduct of a case, but the nurse is responsible for the honest performance of her own duties. In the golden age of nursing we hope for an ideal combination of small hospitals by which nurses can get a complete training by serving in several.

In the present condition of things women who wish to do nursing of any kind would do better to begin with a thorough course in a general training-school, taking up later the kind of work for which she proves herself best fitted. Very few nurses begin training with a view to working in one line. Nearly all have the intention to do general private nursing, and time shows their capacity. Some women show a marked ability for management and are retained in their schools as head nurses or are sent to positions of responsibility elsewhere, some can never forget the fascination of the operating-room and seek for positions as surgical nurses in other hospitals, some drop nursing entirely or make it secondary to something else,—the majority start out as private nurses. Of these, most keep up general work, though they may register against some one class of diseases, and a small proportion find themselves, by force of circumstances, by inclination, or special adaptability, devoting themselves more and more to one class of work until they have become practically specialists. Nurses who are particularly quick of eye and deft of hand prove themselves such useful assistants in surgical work that there is a constant demand for their aid. Some nurses are born kindergartners; they not only love little children, but they know how to manage and amuse them. Such qualities added to thorough training make a nurse invaluable in children's diseases, and the physician who is a specialist in that line is almost sure to have in his office a list of those who have proved themselves "good with children." The nurse who

wishes to take up obstetrical work as a specialty will find her road an easy one if she is a really good obstetrical nurse, for in no other line of work is a nurse so often called again and again to the same family or passed about a circle of relatives and friends.

There is no need to urge nurses to take up specialties, for there is no such demand for specialists in the nursing as in the medical profession, and there will always be enough who have marked ability in certain directions to fill the ranks. Those who devote themselves to one branch of nursing often do so because of the keen interest they feel in it. The specialist can and should reach greater perfection in her sphere when she gives her entire time to it. Her studies should be continued in that direction, she should try constantly to keep up with the rapid advance in medical science. There is always the possibility that by careful observation she may collect data which will be of use to the doctor who cannot spend as much time as she over the minute details of a case. The nurse who is a specialist can often supplement the doctor's work to a great extent. The surgeon or obstetrician who has a patient in the country can often leave the after-care of a case in the hands of a nurse who is familiar with his mode of treatment, who will carry it out faithfully, and who will not need such minute instructions as a nurse less closely in touch with his work. It is a comfort, too, to these doctors to know that the nurses who are caring for their patients have nothing to do with contagious diseases, and that there need be no anxiety as to their possessions being sufficiently disinfected. It is a great convenience and help to a doctor, especially to one who is full of crochets, to have as an assistant a nurse who "knows his ways," who is not disturbed by his explosions of impatience, and under whose hands all arrangements are sure to go smoothly. Such a nurse is, as she should be, an invaluable aid, but she should for her own sake take an occasional case for another doctor, that she may not become narrow in her point of view. One is so wrapped in admiration of Dr. A's methods and good results that she may look askance at Dr. B's plan of action until she finds he too is successful, though by different means. Then, again, doctors are mortal, and when a skilful physician is cut off in the prime of life he sometimes leaves behind him a small army of nurses who have worked only with him and who are almost unknown to his colleagues. They must now go back to general nursing until gradually they can take up again their favorite line of work. There are minor reasons for special work which appeal to one almost as strongly as the more weighty ones. A nurse who is unequal to the strain of night work finds that surgical cases require less of it than medical ones do. Another, who takes obstetrical cases largely, says frankly that she finds them more convenient,

for she can plan her time ahead. She knows pretty well when she will be busy, when at leisure, and what clothes she will require. It need not be added that each does her work well; if she did not she could not choose, but would have to join the army of incompetent or careless ones who must take what they can get. There are many nurses who feel a sense of victory in each case of typhoid fever which is carried safely through, and who take case after case of that disease. There are others who love the medical cases which require careful dieting, for they enjoy making a study of foods and preparing them properly.

Probably every nurse on graduation does best to begin with general work until she has made the character of her work known to doctors, patients, and, not least, herself.

There are dangers besetting all paths, and the best of nurses must beware of that familiarity with her work which breeds carelessness, and of the narrowing of her interests, which can best be avoided by occasionally taking up post-graduate work along other lines than her own.

VISITING NURSING

By ELIZA J. MOORE

THE Visiting Nurse Association of Chicago was established in 1890. Its object is to furnish trained nurses to the sick poor unable to pay for them. The staff consists of a head nurse, nine nurses in charge of districts, and one who assists in the office work and helps in the districts when necessary. The city is divided into ten districts, one nurse having charge of each and being responsible for the calls that come to her in it. At present there is no visiting nurse on duty in the South Chicago District. The hours of duty are nine A.M. to five P.M., but during the heavy season the nurses are often required to stay overtime, while in the very light times they are considered off duty before five if their work is finished. Sunday and holiday visits are made at their discretion. The salary is fifty dollars a month and car-fare the first two years, and then sixty dollars. The out-door uniforms for summer and winter are also furnished by the association, the summer one being a dark blue serge coat and hat, while for winter is worn a dark blue ulster with bonnet and veil. The dress is the medium stripe of blue and white gingham, with white collar, cuffs, and belt, the distinctive feature of the uniform being the white cross worn upon the left arm.

The main office of the association is in the Masonic Temple, and the nurses report there once a week to take in reports, get supplies, and

consult with the head nurse, but each nurse has her head-quarters at either a drug-store or settlement in her district, where she has a loan closet and receives the calls. The calls come by telephone or mail, or people come themselves to see the nurse. Each loan closet is supplied with bed-linen, bed-gowns, towels, baby outfits, surgical supplies, a fountain syringe, air-cushions, rubber sheet, a cot bed, and other sick-room necessities. These articles may be loaned to the patient, except the baby outfits, which are given when necessary. Beef extracts, cocoa, and tonics are provided, and may be given when needed. The nurse carries with her on her rounds a physician's satchel, filled with surgical supplies, tonics, report-cards, towels, and anything she may need for her day's work. She reports at nine o'clock, and after packing her bag, receiving the new calls, and perhaps seeing several people who are waiting for her, starts upon her rounds. The arrangement of her work is left entirely to herself, and, as in hospital work, the sickest patients receive the first and most attention. The number of calls a nurse is able to make depends largely on the district she has and also upon the character of the calls. In the small, crowded districts, where it is almost house-to-house visitation, a great many more calls can be made than in an outlying one, where the calls are very scattered, and a great deal of time is consumed in getting to the patients. In the former twelve to eighteen calls a day, in the latter from eight to thirteen are made.

I would like to mention especially the actual nursing done by the visiting nurses. The work is not done in a primitive way, but hospital methods are followed as closely as possible, and the results obtained are in most cases very satisfactory. Economy is one of the first lessons to be learned. I say learned; because, after all, our hospitals are so well equipped that we do not realize how abundant the supplies have been until we must do without them, and the makeshifts a visiting nurse must use are sometimes laughable, if not actually pitiful. Most of the homes they visit are without the bare necessities, and more than once has the nurse been obliged to go back to her loan closet and get linen and other supplies before she can attempt to make the patient comfortable. Suppose the call is upon a new maternity case: First, the baby must be bathed and dressed, with the usual attention to eyes, mouth, and cord. Then the temperature and pulse of the mother is taken, a partial or entire bath, with an external douche of bichloride solution given, bed made, and hair combed. If this occupies more than forty-five minutes, it is recorded as two visits upon the daily reports. The temperature and pulse, diet, and work done by the nurse are recorded upon a history sheet, one of which is left with every patient. The maternity cases are visited ten days or two weeks, until the mother is able to attend

to the baby and the umbilicus is entirely healed. The nurses carry with them oakum pads, which are used for sanitary napkins in these cases. The bedrooms are usually so small that one can work from only one side of the bed, and it is very hard to make a neat bed until one becomes used to it. The absence of sepsis in maternity cases, especially where there is a repaired perineum to be cared for, is simply surprising. The nurse may leave ever so many instructions about what the patient may and may not do, but she is never sure they will be obeyed. Surely there is a special Providence that looks after the sick poor. The nurses are often called upon to assist at operations, usually minor ones, and this is generally a pleasant diversion from the routine of her work.

The chronic cases are perhaps the most important and most satisfactory of any cases cared for. They are visited twice a week or oftener, and the patient is given a bath or alcohol rub and the linen is changed. It is not always easy to get linen, for many families are opposed to being clean, and it seems to them very extravagant to change a bed twice a week, but after the nurse has insisted and explained the necessity, they will manage in some way to have clean linen; but when the supply is limited to perhaps three or four sheets it means a good deal of washing.

The surgical cases are dressed as often as necessary; in some cases surgical patients have been visited every day for more than a year and the dressings supplied. This of course is a great expense saved, because, if the nurse had not dressed the wound, it would have been necessary to have a doctor do it. The acute medical cases are visited every day and sometimes twice a day. Baths and enemas are given, the doctor's directions are carried out, and the patient is made comfortable for the day or night. If the patient is too sick to be left in charge of one of the family, an emergency nurse will be sent by the association to nurse him until out of danger. These emergency nurses often have the poorest accommodations possible and endure great privations. Although they are not regularly trained, some of them are excellent nurses and are very devoted to their work. Where a nurse is not needed, often a cheap servant is sent to do the work and wait upon the patient. One of the most important points of a visiting nurse's work is the instructions she must give in the homes. The people must be taught some of the rules of hygiene and sanitation, and something of how to care for their sick. The mothers are often ignorant of the very simplest care of their children, and a few sensible directions will be of the greatest help. Phthisis patients are rarely found sleeping alone; in most cases several children will be found occupying the same bed with the patient, and almost never is there any disinfection of the sputum. It is surprising how quick some of the people are to learn under the direction of the nurse, and what

good care they take of their sick. In some instances they seem to grasp at once the importance of cleanliness, and even surgical cleanliness. Indeed, all of these people are not ignorant of what good nursing is, and I am sure every nurse has learned something from some one of them. In other cases it is very discouraging to go day after day, and find the directions which have been left unheeded, or perhaps the surgical dressing removed, and some "magic oil" or raw potato or salt pork applied over the wound. Sometimes a fire must be made and water heated before anything can be done for the patient; or the nurse must go to the neighbors and borrow or beg hot water.

The contagious cases are visited every day and instructions given about the care of the patient, but if there is no one to do the nursing in the house, an emergency nurse will be supplied. Some days the work seems most unsatisfactory; perhaps a great deal of time has been spent upon one patient, moving him to another room, or getting him off to the hospital, which means considerable work, as the nurse must get a certificate from the doctor in charge, and then go to the police station and order the ambulance. The question may be asked, Why not send these patients to the hospital? This is not always practicable. The patient may be the father or mother, and if he or she is sent away, the family become scattered and great harm is done. Other things than just the patient must be considered, although he is, of course, of the greatest importance. Then there is a most unreasonable prejudice among the ignorant against hospitals, and especially free hospitals, in most cases entirely unfounded, but perhaps for that reason harder to overcome. All the calls made are not working calls; some of them consist of calling and leaving a tonic, or upon waiting maternity cases. Then the nurse tells the patient how to take care of herself, and very often sends her to some doctor who will attend her case for a small fee or nothing. A great many of the maternity cases are attended by the "Chicago Lying-In Dispensary" doctors. The rules of the association forbid the nurse taking care of patients confined by midwives and of criminal abortion cases, but some of the latter are attended by them, because the patients usually deny the fact that they are produced, and the nurse ordinarily has no proof that they are. Daily and monthly reports are handed in and filed, giving a record of the work done, address of patients, articles loaned, and an account of the five-dollar allowance. So many people have made use of the visiting nurses who really have no claim upon them, that on the cards of each nurse is printed the following:

"This nurse will attend free all persons unable to pay for her services, but any patient who can do so will be expected to pay from five cents to twenty-five cents a visit." This money is used in the charity

work of the association. This also helps to keep from pauperizing the people, for that must be avoided. An allowance of five dollars a month is made to each nurse to use for medicines and some necessities, for often she finds no food or coal in the house, and must give a little temporary relief. Occasionally the nurse is not well received in the house where she is sent, and is not allowed to touch the patient; she must then go again and again until she has shown the people that she comes only to help; but it is rare for one of the nurses to receive any discourtesy; on the other hand, every day shows in some way the place she holds with these people. They are quick to feel her refinement and gentleness, and they discriminate very soon between thorough and superficial work. Of course, the expressions of gratitude which come to her, both from the patients and family, are part of the payment she receives for her work. There are sometimes doctors who, perhaps because they are jealous of the knowledge of a trained nurse, make it hard rather than easy for her, but these are the ones who are working only for the fee they are to receive. What a pleasure it is to work with the first-class physicians who are always ready to help and appreciate fully the nurse's work; and these are the ones we often find giving the most careful attention when they expect no money in return. It is hard to tell when or where the duties of a visiting nurse end,—certainly not always with the care given to the sick one. With a knowledge of the condition of these people comes a responsibility which cannot be entirely ignored. They must instruct the mothers in a general way how to care for the children, impress upon them the necessity of sending them to the kindergartens and schools, and other institutions where they may be benefited. They must report unsanitary conditions of home to the Health Department, cases of need to the Relief and Aid Society and Bureau of Charities; they must interest people in individual cases and try and get work for men and women who need it. This part of the work must usually be done outside of the hours of duty, and often requires the writing of many letters and making extra calls.

Visiting Nurse Associations are being started in many of our cities, and it is a work which is bound to grow. This branch of nursing brings a satisfaction hard to realize until one has tried it, and although it may not pay as well in dollars and cents as other kinds, it certainly appeals to all of us as women, and brings at least part of its own reward.

CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

INFANT FEEDING

By W. B. THISTLE, M.D., L.R.C.P. (LOND., ENG.)
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THE physiology of infant and early life is of special interest, and the study of it of the greatest importance. The wonderful activity of the tissues in the first years has no parallel in the succeeding years.

We are told that the average healthy infant will add to his bulk at the rate of one ounce a day for the first three months, and half that amount a day for the next six. That is, he more than doubles his weight in the first six months.

I instance this wonderful rapidity of growth because I wish to direct attention to the paramount importance of the nutritive supply at this period of life. Recognizing the importance of a full supply of food, it must be provided in the form that will permit of its being assimilated and utilized in the process of living and in the building up of the body of the child. To accomplish this we must know something about the digestive and assimilative functions of the child. Failing such knowledge, we are apt to transgress woefully. Examples of such transgressions may be found in the many proprietary foods so widely advertised.

Reserving for later consideration the subject of infant digestion, let us answer the question so often asked, what is the best food for the infant? To this there can be but one answer,—its mother's breast.

The decision to abandon the mother's breast for an artificial food is fraught with the greatest importance to the infant. No matter how well the artificial food may be managed, the child's chances of survival are greatly lessened by the change. Taking a child from its mother's breast is a step that should be well considered and never determined upon until every effort has been made to modify and render suitable the mother's milk. In many cases the change is made on the slightest pretext. Some-

times it is determined upon from mere caprice, artificial feeding being considered more convenient. A greater mistake can hardly be imagined. To supply a correct food means incessant care. Digestive disturbance and a crying child are the result of every mistake or failure to be exact in preparation.

Apart from well-recognized conditions,—*e.g.*, the mother with phthisis or incurable disease and where pregnancy supervenes,—every effort should be used to secure a suitable food from the mother's breast.

The breast secretion may be defective from many causes.

After the first few days the average healthy secretion will give the following analysis. It will be found to consist chiefly of water with a small proportion of each of the four great classes into which all food may be divided,—albumins, fats, sugars, and salts:

Water, eighty-eight per cent.; albumins, one to two per cent.; fats, three to four per cent.; sugars, six to seven per cent.; salts, a trace.

During the early days of secretion the milk is richer in fats and has some purgative properties. Hence it is well to put the child to the breast at once, that this purgative milk may cleanse the intestines.

There are other features about the breast secretion which we shall have occasion to refer to later when we come to the consideration of artificial food,—that it is sterile, is secreted without vacuum at a temperature of 98.4° , etc.

A common mistake consists in undue frequency of nursing. The rule from the first month should be, every two hours between the hours of six A.M. to ten P.M. and once at night. One often finds that the child nurses whenever he cries during the day and practically all night. It becomes impossible for him to digest the milk he has taken, hence he has abdominal discomfort, which sensation he mistakes for hunger and cries for more. Besides this, constant resort to the mother's breast leads to the production of unduly concentrated milk difficult of digestion. Such milk will be found to contain an excessive quantity of albumin.

This brings us to the next difficulty.

It will be found that many cases of infantile indigestion are due to excess of albumin. The periods of feeding are properly arranged, yet the high albumin percentage continues. This may be due to an insufficient fluid supply in the food of the mother, the excess of albumin being relative. In many instances it is due to deficient exercise. The defect may be overcome by out-door exercise, walks, household duties, etc. A regular life and the avoidance of excitement and dissipation, together with a rather generous mixed diet with excess in the way of fluids, gives the best results.

Again, in many instances the child does not thrive on its mother's milk, not because of indigestion, as in the case of excessive albumin, but because of the constipating tendencies of the mother's milk. This condition may in many instances be attributed to a deficiency in fat. A change in the mother's diet may alter the character of the milk so as to relieve the condition.

From a study of the physiology of milk secretion we know that the fat of milk is increased by proteid food, but not increased, on the contrary diminished, by fatty food. Hence in cases such as I have described, where there is no disturbance of digestion but simply failure of nutrition, with perhaps constipation, the obvious treatment is to increase largely the albuminous substances of the mother's food. She should take in sufficient quantity meat, eggs, milk, etc. The same regimen will likely increase the amount of sugar in the milk. Sugar, like the fat, is a result of metabolism in the lactiferous cells of the breast, and is maintained quite independently of the ingestion of sugar or starchy food.

We have been considering cases in which the mother's milk was sufficient in quantity but unsuitable in quality. The defects usually met with being that it is indigestible, owing to excess of albumin, and insufficiently nutritious as a result of the low percentage of fat and sugar.

Let us turn now to cases of another kind, where the difficulty is with regard to the quantity and not the quality. There are many cases, more particularly among the higher classes, where the mother's milk is, while digestible, altogether insufficient in quantity. Much can be done to augment the secretion by more generous living, fluids, out-door life with exercise, etc. That is, everything should be done to improve the general nutrition of the body. While improvement may occur, yet there are still many cases where the flow remains quite insufficient to nourish the child, and in others the supply ceases altogether. In these cases resort must be had to an artificial supply. It must be remembered, though, providing the mother's milk agrees, that the more of it the child can have the better. It is a great mistake to put the child on an artificial food because his mother can only furnish a half supply. Much better to continue the half supply and supplement it by giving milk modified to suit his digestion in the way we shall presently describe.

Before leaving this part of the subject I would again urge the importance of giving the child all that can be secured of its mother's milk. The older he is before he is taken from the mother's breast, the better his digestive organs will be fitted to encounter the difficulties and vicissitudes of artificial feeding. A start of two or three months' entire or partial nursing is of the greatest benefit.

There are, however, many cases in which every effort fails and other

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supply must be secured. The more carefully one tries to modify and adapt the mother's milk, the rarer these instances become.

A change from the mother's breast being decided upon, how shall we proceed to furnish the infant with a suitable food? The best results have followed efforts to so modify cow's milk that it closely resembles the normal secretion from the mother's breast. Not only must the milk be made to resemble the mother's milk, but it must also be given to the child under conditions as closely parallel as possible to those that surround the process of nursing. Due regard must be given to the requirements of the infant and his capacity of digestion. There are thus three problems set before us.

Let us consider the first, and at the outset note the points of difference between cow's milk and the mother's milk.

Compare analyses:

	Water, per cent.	Reaction.	Albumin, per cent.	Fat, per cent.	Sugar, per cent.	Salts.	Starch.
Mother's Milk . . .	88	Alkaline.	1 to 2	3 to 4	7	Trace.	None.
Cow's Milk	87	Acid.	4	4	4½	Trace.	None.

Cow's milk shows a great excess of albumin, more than twice the amount in mother's milk.

We have been discussing excessive albumin in the mother's milk as the cause of indigestion. Clearly the infant cannot digest three to four per cent. of albumin. This excess must be corrected in some way. The fat in cow's milk, if of good quality, may be about the same, three to four per cent.

Sugar in cow's milk falls below, being but four and five-tenths as compared with the breast secretion of seven per cent. sugar.

Testing with litmus paper shows the mother's milk to be alkaline, whereas cow's milk is slightly acid.

The first care must be to reduce the percentage of albumin by diluting the milk with water. This process, while it secures the albumin in the requisite percentage, brings the fat and sugar far below what is required. It becomes necessary, therefore, after having diluted the milk and so reduced the albumin, to make up again the deficiency in fat and sugar. This can be done by the addition of cream and milk-sugar.

Following certain rules laid down by experimenters in this field, we can so modify in this way cow's milk that it will furnish on analysis

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about one to two per cent. of albumin, three to four per cent. of fat, and seven per cent. of sugar.

Dilution with water not only reduces the percentage of albumin, but it also brings about a change in the formation of curd in cow's milk, rendering it similar to that forming in mother's milk. Instead of curdling in large masses in the ordinary way, it is found that after dilution with five times the volume of water the curd now forms in minute particles imperceptible to the eye similar to the curd of mother's milk. Meig's mixture of cream, milk, and water is a very well-known and useful formula. The cream used is the twenty per cent. fat from a centrifugal machine, or if this cannot be secured I have advised the cream that would rise during the night from milk secured on the previous evening for that purpose.

The following mixture will give the analysis I have indicated:

Cream (twenty per cent. fat, or from milk set aside on the previous evening), $\bar{3}$ iii; milk, $\bar{3}$ ii; water, $\bar{3}$ x; milk-sugar, $\bar{3}$ iii.

In places remote from town the cream skimmed from the pan set by on the previous evening should be added to the milk secured in the morning. Sufficient should be made in the morning to last the entire day.

This cream mixture still lacks in two particulars the correspondence we are striving to secure with mother's milk. It is not sterile and it is acid in reaction. Mother's milk contains no bacteria except in case of disease such as phthisis or disease of the breast itself.

We can easily secure destruction of bacteria by heat. Instructions are, after making the mixture of cream, milk, water, and sugar, to put in a gem-jar or flask and immerse in a pot of boiling water for twenty minutes, the jar being loosely stoppered with absorbent cotton. The jar can now be securely sealed and the milk will remain sweet until used.

In this way one can no doubt get rid of the bacteria, but we are not so sure with reference to the chemical products the result of bacterial activity up to the period of sterilization. Obviously it is much better to secure milk which has been sterilized at once and which has been secured under the most favorable conditions with reference to cleanliness, both of the milkers and animals. Milk taken from a healthy animal after thorough washing of the milker's hands and the cow's udders will contain at the outset comparatively few bacteria, and if at once sterilized there has been little opportunity for bacterial development and those chemical changes which bacterial development implies. In country places these precautions can be observed with little difficulty. In town, fortunately, a great improvement has taken place with refer-

ence to the cleanliness of milk, but still some time must elapse between milking and the process of sterilization. In Toronto and in many large cities excellent work has been done in the establishment of dairy farms, which are the embodiment of the most recent ideas surrounding the problem of securing a milk supply free from danger of infection or defilement of any kind.

The benefit accruing from these model dairy farms is not limited to their own patrons, but extends to the entire community in lesser degree, for the reason that these establishments set the pace, as it were, and the interests of their competitors demand that they shall approximate to the same high standard.

A special feature of these milk laboratories is the furnishing of milk suitable for infants of any age. By a certain process they are able to furnish milk containing a given percentage of albumin, cream, etc. Prescriptions are received indicating the amount of each constituent desired. This is, of course, the ideal food next to the healthy mother's milk. It is slightly expensive, but if one takes into consideration the expenses of an ailing infant, medicinal and otherwise, this becomes insignificant. This laboratory method has the great advantages of being exact and of being changeable from day to day until the requisite percentage has been secured. Since these institutions are only found in the large centres, the cream mixtures such as I have discussed must suffice for the great mass of the population. With a little care in securing milk from a good, clean source, twice daily, as soon as possible after milking, and at once mixing and sterilizing, little difficulty will be experienced. If the mixture constipates, increase the cream; if it gives rise to colic, etc., and curd passes, dilute with more water. Always use milk-sugar, as certain fermentations occur in solution of cane-sugar which are not possible in milk-sugar.

How much should the child have and how many meals a day? Taking as our standard the healthy nursing child, we easily arrive at the number of meals. It should be fed in the first weeks every two hours between six A.M. and ten P.M. and once at night.

Turning to the digestive organs of the young infant, we find the answer to the first part of our query.

The infant's stomach at birth holds one ounce and quickly enlarges, until at six months it will hold six ounces. At six months the number of feedings will have been reduced to six in the day and the meal increased to six ounces.

The infant had better have this food out of a bottle, flask-shaped preferable, without angles, so that it may be thoroughly cleansed, a rubber nipple fitting over the neck of the bottle. There should be a

double supply of bottles and nipples and the most thorough cleansing should be secured. Attachments, such as long tubes, should not be permitted. It is impossible to cleanse them, and, moreover, with such a bottle the child can feed himself, doing away with the regularity in feeding so essential.

How long shall the child be kept on this food? Until he has several teeth. Then he may have, in addition to milk, a bit of meat to suck at, or a crust of bread with plenty of good butter, or a crust in dish gravy, but still his diet should consist of milk chiefly, avoiding excess of starchy food, such as oatmeal, corn-starch, potatoes, biscuits, arrowroot, etc. Infants take fat well, but have limited digestion for starchy foods. The infant's mother's milk is rich in fat-sugar, but contains no trace of starch.

I have discussed the only infant's food, good, fresh milk, modified so as to meet the requirements of the infant's digestion. It contains everything that he requires. If properly adapted and in sufficient quantity, the child will increase in weight and have the necessary amount of undisturbed sleep.

I said the only food. It is true the manufacturing chemists have for many years been endeavoring to take to themselves the function of providing food for infants. These efforts have resulted in the production of a great many absurdities. Unfortunately for the child, the manufacturers must have something which they can box up and store or ship to great distances. Accordingly we find their wares to consist of condensed milk with sugar or condensed milk and sugar combined with some form of starch. That one should prefer ancient condensed milk, having fresh pure milk at hand and the means of modifying it, or should consider starch a suitable substance to place in the infant's food, seeing that the mother's milk contains no trace of it, may be intelligible from the stand-point of the manufacturer, but is utterly incomprehensible to any one else.

EDUCATIONAL

IN CHARGE OF
ISABEL HAMPTON ROBB

HOSPITAL ECONOMICS

At the request of the American Society of Superintendents of Training-Schools for Nurses, Teachers College offers a special course in Hospital Economics. The aim of the course is to fit persons who are already trained nurses for the responsible duties of superintendents of hospitals and principals of training-schools for nurses. The requirements of this course are as follows:

1. Each candidate must present a recommendation for admission from the Board of Examiners of the American Society of Superintendents of Training-Schools for Nurses, certifying to the moral character of the applicant, and her qualifications for undertaking professional work.

2. The Board of Examiners require evidence of the satisfactory completion of an approved course (1) in a secondary school, normal school, or college, and (2) in a nurses' training-school. For full particulars concerning these requirements address the chairman of the Board of Examiners, Mrs. Hunter Robb, 1342 Euclid Avenue, Cleveland, Ohio.

3. The prescribed course of study is as follows:

Prescribed (6 hours):

PSYCHOLOGY A—General psychology—3 hours, first half-year.

EDUCATION 3—Application of psychology in teaching—3 hours, second half-year.

HOSPITAL ECONOMICS 1—Methods and practice—1 hour.

HOSPITAL ECONOMICS 2—Hospital and training-school organization and supervision—2 hours.

Elective (9-12 hours):

These courses are recommended:

BIOLOGY 3—Physiology and hygiene—2 hours.

DOMESTIC SCIENCE 1—Foods, *or*

DOMESTIC SCIENCE 2—Food production and manufacture, *or*

DOMESTIC SCIENCE 3—Foods, advanced course,

} 4 hours.

DOMESTIC SCIENCE 4—Home sanitation and management—2 hours.

DOMESTIC SCIENCE 6—Bacteriology—1 hour.

DOMESTIC SCIENCE 7—Household chemistry—2 hours.

Students who can satisfy the requirements in any of the prescribed subjects may elect other subjects of equal credit in any department of the college with the approval of the dean and the professor concerned.

SUBJECTS OF THE COURSE.

The subjects enumerated in the course of study are, with the exception of Hospital Economics 1 and 2, regular collegiate courses. Teachers College is a professional school for the training of teachers; hence its work is directed towards teaching, even in courses which are usually offered in colleges and universities. Some of these courses are intended especially to lay the foundations for a scientific theory of education; others are directed towards the practical work of teaching, and yet others seek to give the intending teacher a better knowledge of the subjects to be taught.

The courses which are chiefly professional are Psychology A and Education 3. In these courses the student is introduced to some of the most important topics in psychology, and is led by experiment and observation to apply the fundamental psychological principles to instruction and the general conduct of school work. Education 3 is concerned with both the science and art of education—with the science so far as it is dependent upon the laws of mental development, with the art so far as it involves the application of these laws in observing, planning, and teaching a lesson. The special aim is the development of a scientific method of the recitation and the application of the principles of method to individual studies and to standard text-books.

The various courses in Biology and Domestic Science are intended to broaden the student's knowledge of the fundamental principles of science and to give her practical direction in making this knowledge of service in teaching. The courses in Hospital Economics, which are carried on under the direction of the Committee of the American Society of Superintendents of Training-Schools for Nurses, aim to present the practical problems of hospital administration and to give students systematic instruction in the organization and management of training-schools for nurses.

The general supervision of this course will be in the hands of Miss Anna L. Alline, who will supplement the work of the special lecturers and conduct such excursions and field work as may be found necessary

in the successful pursuit of the course. Thus it is proposed during the year to make careful studies of the following subjects:

Laboratories: preparation of culture media; isolation and culture of bacteria; preparation of antitoxins. Milk laboratories: modified milk; sterilized milk; Pasteurized milk. Dairies: source of bacteria in milk; effect of bacteria on milk. General hospitals. Private hospitals. Special hospitals. Training-schools. Small general hospitals. Insane asylums. Dietary on scientific basis in an insane asylum. Operating theatre: sterilizing plant; preparation for operation; detail work of clinic. Philanthropic organizations: relations to the nursing profession.

SYLLABUS OF SPECIAL LECTURES ON HOSPITAL ECONOMICS.

I.—HOSPITAL CONSTRUCTION, SANITARY, AND VENTILATION.

Four lectures by Miss Eva Allerton, Rochester Homœopathic Hospital, Rochester, New York.

Temporary. Permanent.

Location: City; country; suburban.

Situation on plot. Arrangement of buildings.

Structure: Arrangement. Administration. Wards—Toilet—Serving-rooms. Laundry. Kitchen. Foundation. Superstructure.

Water supply. Heating. Ventilating. Lighting. Disposal of waste.

II.—HISTORY OF HOSPITALS.

Three lectures by Miss M. A. Nutting, Johns Hopkins Hospital, Baltimore, Md.

A Brief History of Medicine and Foundation of Hospitals from Earliest Records of History up to Christian Era.

The Primitive Period: Medicine and surgery among animals. Theories of disease among savages. Primitive medicine,—herbs, bleeding, etc. Primitive surgery,—usual operations and kinds of instruments, inoculation.

The Patriarchal System: Power of healing invested in the head of tribe. Magic and sorcery in treatment of disease. The village magi,—Zoroaster.

The Systems of Medicine of Ancient Civilizations: Egyptian medicine,—myth and fable. The temples of Saturn. The rite of incubation. Evidences of knowledge of medicine four thousand years before

Christ. Medical schools,—study of anatomy. The priest as physician. The great temple of Dendera,—was it a hospital? The papyrus Ebers.

Jewish Medicine: The Mosaic laws. Comparison with sanitary and hygienic measures of to-day. The Talmud.

Hindu Medicine: The Ayur Veda. The Brahmins,—their materialistic religion. The Buddhists,—their high ethical standards. Special outgrowths,—splendid system of hospitals. First authentic record in history of such institutions. Buddhist Emperor Asoka. Famous hospital at Surat still in existence.

Passage of Entire Healing Art from Egypt into Greece.

Greek Medicine: The Gods of medicine,—Apollo, Æsculapius. The temples at Epidaurus. The serpents. Pilgrimages thither of the sick. Medical schools. Superstitions, charms, incantations. Hippocrates, the "Father of Medicine." Gradual decline of superstitious rites and ceremonies. Conflict between science and priestly encouragement of medical superstition. Pythagoras,—the Alexandrian school.

Roman Medicine: The *tabernæ medicæ*. Galen.

The Establishment of Christianity.

First Beginnings of Institutional Life.

Hospital Foundations: Hospital of Basil at Cæsarea. Hospital founded by Fabiola in Rome; foundations at Constantinople, Alexandria, etc. Hospital founded first in France at Lyons.

Dependencies of religious establishments: At bishops' houses; at monasteries, convents. Study of the ecclesiastical machinery of that period.

The Hotel Dieu at Paris: Outline of its history.

The Middle Ages.

The Crusade: Religious orders and their institutions. The Knights of St. John of Jerusalem,—their system of hospitals. Our Lady of Mount Carmel. Leprosy in the Middle Ages. Lazarettos. St. Giles. Cripplegate.

English Hospitals: First founded at Canterbury. St. Bartholomew's in 1100. St. Bartholomew's in 1895. St. Thomas's—Christ's Hospital—Guy's. The Reformation and gradual emancipation of hospitals from ecclesiastical control.

Brief Sketch of Military Hospitals: Their origin and growth. Florence Nightingale—Kaiserswerth.

Hospitals of America.

Record of Ancient Foundations in Mexico.

Canada: The Hotel Dieu of Quebec founded in 1639—in 1864 the Hotel Dieu of Montreal; both still under ecclesiastical control.

United States: First establishment Bellevue, New York, 1658. Its early history; combination of almshouse, asylum, and hospital. Outline of the history of the Philadelphia (Blockley), 1742; Pennsylvania, 1750; the New York, 1770. History of civil administration. Establishment of training-schools. Advance of medical science. Latest statistics.

BIBLIOGRAPHY.

Hospitals and Asylums of the World. Three volumes. Henry C. Burdett.

The Condition of Gaols, Hospitals, and other Institutions as described by John Howard. J. B. Bailey. London, 1884.

The State Prisons in England and Wales and an Account of Some Foreign Prisons and Hospitals. J. Howard Warrington, 1784.

An Account of the Principal Lazarettos in Europe. J. Howard Warrington, 1789.

Hospitals—French, British, and American. E. B. Maxzon, Philadelphia, 1868.

Hospitals: Their History, Organization, and Construction. W. G. Wylie, New York, 1877.

Workhouse Hospitals. J. H. Stallard, London, 1865.

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An Essay on Humanity—A View of Abuses in Hospitals with a Plea for correcting Them. W. Nolan, London, 1876.

Hospital Construction and Management. F. J. Monat. H. S. Snell, London, 1883.

Memoranda and Documents relating to the Royal Hospitals of London (St. Bartholomew's, Christ's, St. Thomas's, Bethlehem, and Bridewell). London, 1863. (Surgeon-General's Library, Washington.)

Étude sur les Hôpitaux. A. Husson. Paris, 1862.

Review of the History of Medicine. T. A. Wise, M.D.

Sanitary Associations during the Franco-German War. The American Ambulance. Thomas W. Evans, London, 1873.

An Account of Bellevue Hospital from 1736 to 1894. Edited by Robert J. Carlisle, M.D.

The History of the Pennsylvania Hospital from 1701 to 1895. By Thomas G. Morton, M.D.

Hospital Construction. Florence Nightingale.

Hospitals, their Size and Progress. An Address. J. H. Armsby, Albany, 1852.

History of Some American Hospitals. J. H. Armsby, Albany, 1853 (?).

On the Construction and Management of Hospitals. Dr. Jacobi.

III.—HOSPITAL ADMINISTRATION.

Six lectures by Miss Maud Banfield, Polyclinic Hospital, Philadelphia, Pa.

Organization. Sketch of methods of government of Hospitals in England, France, Germany, Italy, Austria. Hospitals as carried on by Religious Orders to-day.

Usual organization of American General Hospitals.

Governing bodies: The Trustees, Governors, or Board of Management.

Committees of the Trustees: Executive; House; Property; Finance.

Faculty and Medical Staff; relation of the Trustees thereto.

The Superintendent. Qualifications. Relation and responsibility to: *a.* Trustees; *b.* Faculty and Medical Staff; *c.* Regular Hospital Staff; *d.* Patients.

Duties of Superintendent: Outline of domestic organization. Departmental business relating to the Trustees. Appropriations and Expenditures. State aid. "Political Pull." Ordinary receipts. Appeals for aid. Advertising. General control of finance. Office work and organization. Voucher system. "Uniform System of Accounts." Comparative cost of dispensary patients. Check system of authorizing expenditures.

Drug Store: Receipts and Expenditures. Stock—manufacturing. Drugs which deteriorate with keeping. Prescriptions, at cost, profit, and free; method of checking up. House, medical and surgical supplies, cotton, glassware, etc. Estimates and card catalogue for same. Fluctuations of the market. Cash register. The apothecary employed, and his commissions from drug houses, etc.

Machinery supplies—with a word as to cotton waste.

Buying: Dealing direct with wholesale houses. Through travelling salesmen. Methods to be observed.

Relation of Superintendent to: *a.* College Department; *b.* Laboratory Department.

Central Business Office—Versus distinctly separate administrations.

IV.—TRAINING-SCHOOL ADMINISTRATION.

Four lectures by Mrs. Hunter Robb, 1342 Euclid Avenue, Cleveland, Ohio.

Division of Hospital Administration.

Nursing Department: Authority of the Superintendent, Principal, or Directress; duties of the Superintendent; organization of. Rela-

tion of the Nursing Department to the Medical Department. Relation of the Nursing Department to the Business Department. The Superintendent of Nurses in relation to small hospitals.

Superintendent's relation to her staff and pupils.

Qualifications of the Superintendent: general personality; education; standards; business qualifications.

Authority: Proper authority—essential to good organization. Limit of authority. Effect of divided authority.

Training-School Committee.

Duties of Superintendent: Office duties; home duties; ward duties; teaching duties; domestic department. Superintendent's relation to housekeeper, laundry department, kitchen department. Office duties: Keeping of books. Reports, monthly and annual. Reception of applicants and visitors. Letter-writing and filing. General business. Home and teaching: Trained nurse as assistant. Maids. Classes. Lectures. Demonstrations. Diet School.

Wards: Making rounds; teaching and criticising; discipline and order.

Organization: Nursing-staff—Grades. Superintendent, Assistant Superintendent, head nurses, night head nurses, Senior and Junior pupils, probationers, orderlies, maids, special nurses. Duties of Assistant Superintendent. Duties of head nurses. Teachers in wards, home, and domestic departments, and in Diet School. Night head nurses. Senior pupils. Junior pupils.

The accepting and rejecting of probationers. Selection, methods of. Uniform requirements.

Nursing Ethics:

To be taught systematically—Definite subjects—Establish good traditions.

Probationers: Discipline and obedience, importance of—Etiquette, towards doctors, patients, officials, nurses, public.

Juniors: Responsibility—hospital manners—health, care of—duty to one's self—voice—touch—step—dress—skill. Manners: Quiet—reserve—patience—cheerful—table manners—temper—observation—punctuality.

Seniors: Study—self-reliance—truthfulness—tact—relation to private patients—gossip—observation—sympathy—sentimentalism—extravagance—selfishness—preparation for alumni duties.

Head nurses: Executive ability—relation to pupils—teaching in ward—order—method—system—medical staff—officials.

Private duty: Difference between hospital and private duty. Engagements. Etiquette of private duty. Remuneration—physicians—families—friends—servants. Recreation.

Visiting h-9 ???

V.—TRAINING-SCHOOL ADMINISTRATION (continued).

Four lectures by Miss Lucy Walker, Pennsylvania Hospital, Philadelphia, Pa.

Division of Ward Work:

- a.* Routine work of superintendent of nurses; *b.* of assistants; *c.* of night superintendent. Ward Work: *a.* head nurse; *b.* night nurse; *c.* day nurses; *d.* orderly; *e.* ward maid. In Surgical, Medical, Children's, Receiving Wards, etc. In Operating Room. Hours: *a.* On duty; *b.* off duty; *c.* Sundays; *d.* vacations; *e.* time lost. Placing of pupil-nurses in wards: *a.* Length of service in each; how governed; *b.* Terms of night-duty. Ward supplies. Methods of exchange: *a.* Storeroom; *b.* linen; *c.* appliances; *d.* instruments; *e.* drug store. Division of Work in *a.* kitchen; *b.* diet kitchen; *c.* stateroom; *d.* linen room; *e.* laundry; *f.* cleaning of corridors and outlying buildings, etc.; *g.* nurses' home.

Instruction:

- Rules regulating the admission of candidates: *a.* Qualifications; *b.* standard. Probationers: *a.* instruction; *b.* examinations. Lectures, etc.; *a.* Distribution over term of training; *b.* subjects; *c.* by whom given; *d.* examinations. Grading of pupils: *a.* Head nurses' reports; *b.* methods of discipline; *c.* keeping of records. Methods of book-keeping: *a.* Records of pupils; *b.* of candidates; *c.* of probationers; *d.* of head nurses; *e.* of reports, business with Trustees, etc.; *f.* of supplies placed in wards, etc.

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PROGRESSIVE MOVEMENTS

IN CHARGE OF
LUCY L. DROWN

WORK FOR NURSES IN PLAY-SCHOOLS

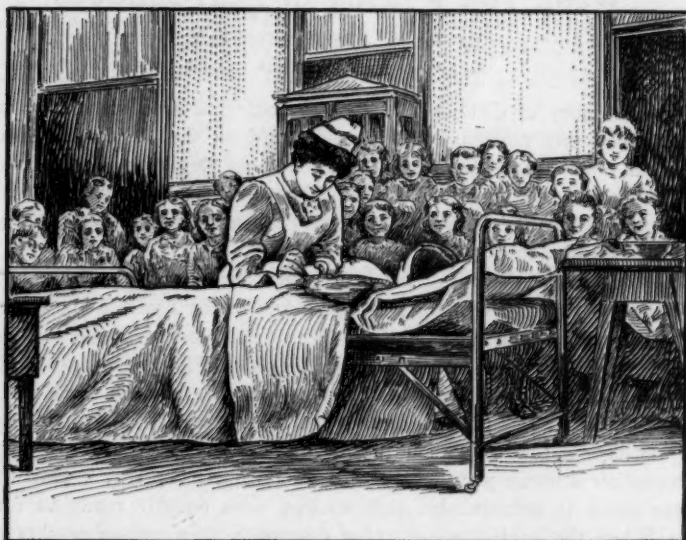
By MARY BOYLE O'REILLY
Secretary of St. Elizabeth's Guild

THE story of district nursing has been told so often and so well that practically nothing remains to be said on the subject. Probably there is not a large hospital in America or in England whose graduate nurses have not at some time voluntarily engaged in out-nursing. Such a corps was first organized in Boston in 1886, and the result of their good work is incalculable.

The Boston City Hospital is located near the centre of one of the city's most crowded quarters. Half a mile to the north is the business district; half a mile to the south, the comfortable homes of the well-to-do. East and west lie acres of factories and tenements, lodging-houses, restaurants, catch-penny enterprises, and cheap theatres. In such wards district nurses were not likely to be idle. Experience proved that the chief work lay in trying to impress on these patients the fact that an ounce of prevention is worth pounds of hospital supplies. The very listeners who were quick to acknowledge this wisdom were equally ready to forget it. When the subject came under discussion at a nurses' weekly conference, it was decided to begin on a new line by reaching and teaching the children. To do this the nursing corps of The Boston City Hospital coöperated with the Guild of Saint Elizabeth. This association of young women, then but recently organized, had undertaken the task of making friends with the children of the district. To this end the guild was carrying on the usual work of a social settlement, together with a new form of manual training which was called a play-school. In this play-school (open every week-day during July and August, to which attendance was, of course, voluntary) two hundred children were taught to make toys and dress dollies, and to study and paint the flowers they afterwards distributed. The guild's only object was to keep the little pupils from the demoralizing influences of the streets.

It was to sixty children of the play-school that the first demonstration lecture was given on July 11, 1899. To make the course at once interesting and practical, the opening lesson was on making a hospital

bed and undressing a patient. The demonstration ended in a gale of laughter, and the experiment was an assured success. For eight Tuesdays sixty small but ambitious nurses—note-book on knee—followed the demonstrator through the mysteries of compresses and fomentations, poultices, pastes, bandages, bathing, food, and temperature. Then came lessons on the scientific care of a baby, until one long-suffering infant was actually bathed and fed by twenty eager volunteers.



From being an experiment, the nursing lectures became the most popular course in the play-school. That the lessons taught were not forgotten was amusingly proven by a child patient in the hospital six months afterwards, who, having watched a nurse bathe a baby, gravely took her to task for having omitted some of the frills "which Miss J. taught in the play-school." And when another summer had brought round a second course of lectures (to which only one hundred and twenty of the anxious applicants could be admitted) it was found necessary to borrow a strange baby for the bathing demonstration, since all the play-school babies had clean scalps!

These are only little things, perhaps, but they point the way to large possibilities. In a few summer mornings scores of little girls gained such practical insight into the tiresome physiology of the school-room that it straightway became interesting, while the facts of physical life, too often dwelt on morbidly by the ignorant, assumed a new dignity.

Nurses' Settlement

Only those members of the Guild of Saint Elizabeth who followed the children of the nursing-class to their homes could realize to what intelligent use they put their new knowledge in trying to improve, or at least counteract, the conditions of their unsanitary surroundings. Windows that seemed nailed down were suddenly opened, waste-pipes were flushed with lye, and the baby's illness was traced to the odorous refuse barrel in the back yard.

Although the close of the play-school put an end to the children's tures, the cooperation of trained nurses and social settlements could go

on indefinitely so long as there are young wives to be instructed in the new duties for which they are so pathetically unprepared, and older mothers to be reluctantly weaned from the fatalistic customs of prehistoric times.

NURSES' SETTLEMENT

By LILLIAN D. WALD

THE Nurses' Settlement proposes to offer to certain training-schools having, or planning to have, the three-years' course the opportunity to give their pupils training in district work. We feel an obligation to the profession to help those devoted to its interests to develop this important phase of trained nursing. There are many arguments for bringing this into the hospital curriculum. All the responsibility of the sick poor has not been assumed unless a share is taken in the problem of efficient treatment in their homes, and the numerous inquiries that come to the Settlement from educators and graduated nurses show that many of the best thinkers in the profession are interested in the

subject. The frequent demand for nurses who have had any experience is another reason. Details of the training for pupil nurses are not yet fully outlined, a pupil nurse having had two years' training within the hospital would be eligible for this special training, the hospital agreeing to send the nurse or nurses promised to the Settlement. Each nurse to have less than two months' training, to reside in her own school, reporting to the Settlement at eight o'clock in the morning, and going back to the school for her dinner (evening) and bed.

The nurses will have the supervision and instruction in their work in the tenements of one of the experienced nurses of the Settlement.

Besides professional experience and instruction it is proposed to supplement the work by demonstrations of methods in charity distribution and fresh-air work, with which a nurse must so often combine her labors.

PROPHYLACTICS

In Charge Of

Mary M. Riddle

[In the following paper and in others that may succeed it an attempt will be made to give an intelligent nurse a general idea of what has been accomplished in preventive medicine during the past few years. As bacteriology is the basis of all the advances in preventive medicine, it is certainly desirable that a nurse should have some idea of this science. It is not to be expected, neither would it be desirable, for a nurse to be an expert bacteriologist, but it is extremely desirable and all-important for the trained nurse to understand the whys and wherefores of the manipulations in the laboratory, in order that she may understandingly carry out the directions of the physician and surgeon regarding sterilization. It has been claimed that nurses are too highly educated, and, owing to this, are not willing to perform the necessary drudgery of their calling, but this is manifestly incorrect. It is the half-educated doctor and the half-educated nurse who feel that their dignity will be lessened should they perform a certain amount of drudgery. No well-educated physician and no well-educated nurse will ever fail in their duty to the patient because it entails on them a certain amount of drudgery.]

The nurse has a very important duty to perform. She is the picket-guard. On her care and watchfulness the well-being of the patient very largely depends. On her report must depend the treatment adopted by the physician in a given case, and on it, in connection with the condition of the patient, the prognosis is frequently based. Important as constant watchfulness is in the non-infectious diseases, it is much more important in the infectious diseases. In this series of papers an attempt will be made to give an idea of the various symptoms to be observed in the earlier stages of the different infectious diseases, the importance of which cannot be overestimated. After a somewhat extended experience the writer can recall many instances where outbreaks of infectious diseases have been prevented by the watchfulness of nurses who have been carefully trained.]

THE RELATION OF BACTERIOLOGY TO PREVENTIVE MEDICINE

By John H. McCollum, M.D.

Resident Physician, Boston City Hospital, South Department, Instructor in Contagious Diseases, Medical School of Harvard University

THE great advances during the past few years in the science of bacteriology and the direct influence that these advances have had on preventive medicine, especially in the domain of infectious diseases, render the subject of the utmost importance not only to the profession at

large, but also to those who have the immediate charge of the public health. Edward Seaton, at the Eighth International Congress of Hygiene and Dermography, in a few words expresses the consensus of opinion of educated medical men on this subject. He says that progress in medical preventive work is retarded to a considerable degree by the popular or general conception of the scope of hygiene. "This in England (and a similar remark is true of this country) has come to have far too narrow a significance. The term hygiene is almost always used to apply to structural works (for example, water-supply and drainage), materials, etc., which, however important they may be as necessary for the prevention of some (so-called) preventable diseases, are apparently useless for the prevention of others which are also entitled to be called preventable. It will be impossible to combat diphtheria, influenza, and other diseases, which can only be properly termed preventable when the public and governments understand the necessity for the systematic encouragement of scientific observation and research bearing on the public health and the furtherance of medical preventive work generally."

No board of health can be considered well equipped for its work unless it has attached to it a bacteriological laboratory, not only for the immediate practical work of diagnosis, but also for the furtherance of extensive research. The reason why the Continental boards of health are superior to ours is the fact that there is a chance for this experimental research in addition to the routine work of the laboratory. Many of the most important discoveries have thus been made. Although bacteriology as a science is yet in its infancy, the researches of Leeuwenhoek more than two hundred years ago laid the foundation for all that has since been accomplished. Leeuwenhoek was not a man of liberal education, but was a linen-draper by trade. He, however, learned the art of lens grinding, and carried it to such perfection that he was able to see objects which from his description, as published in a paper presented to the Royal Society of London in 1683, leave little room for doubt that these bodies, which he called *animalculæ*, were the bacteria of the present day. Nothing was done at this time, and, indeed, for two hundred years, in the classification of these organisms or in studying their life history, which is a very important factor in differentiation of the various species. Pleneiz, a physician of Vienna in 1762, was a firm believer in the truth of Leeuwenhoek's theory. He claimed that the material of infection was a living substance, and explained in this way the variation of time in the incubation of different infectious diseases. This physician also advanced the theory that there was a special germ for each infectious disease, the truth of which theory has been shown by the light of our present knowledge on this subject. It was not, however, until the first half of the

present century that a number of important discoveries established the true relation of the lower organisms to infectious diseases. The question of spontaneous generation of the organisms occupied the attention of scientific men for nearly two hundred years. In 1749 Needham thought that he demonstrated conclusively that these organisms were developed spontaneously, but the laxity of his method was shown by Spallanzani in 1769. From the time of the experiments of Spallanzani until the time of Schulze in 1836 no advance was made in this subject. In 1860 Hoffman and in 1861 Pasteur demonstrated that by closing the top of a flask by a loose plug of cotton the entrance of organisms would be prevented. This is the method that is in daily use in the laboratories. The previous observers had drawn the top of the flask to a narrow point or had passed the air through strong acid solutions or through highly heated tubes.

The next step in advance was the use of the oil immersion lens and the Abbé condenser, which throws a flood of light on the slide under the microscope. But perhaps the most important discovery was the use of solid culture media. Previous to its use it had been impossible without great difficulty to obtain a pure culture of any organism. It is impossible to study any of the various organisms without first obtaining a pure culture. The solid culture media now in general use are a ten per cent. solution of gelatin in beef-broth and also agar, a production from a Japanese sea-plant, and a component part in the well-known lacquer varnish. The advantage of agar is the fact that it does not liquefy at the temperature of the incubator, and hence is a useful adjunct in cultivating organisms at the temperature of the body. Solidified blood-serum, egg albumen, and bread paste are used in the manipulations of the laboratory. Loeffler found that the bacillus of diphtheria grew more characteristically on blood-serum than on any other culture medium. The use of Petri dishes, which are small, flat dishes of glass about four inches in diameter, simplifies the work in the laboratory to a very considerable extent. The use of the aniline colors for staining micro-organisms and the staining reaction for purposes of differentiation have been important steps in the advancement of bacteriology.

This short and imperfect outline of this science gives no idea of the immense amount of patience required to establish a few well-recognized and accepted facts. The number of non-pathogenic organisms that have been discovered is very large, but the number of pathogenic organisms is not very great; enough work, however, has been done in this line, and a sufficient number of organisms proved to be the cause of certain infectious diseases have been isolated, to prove of great benefit not only to preventive medicine, but also to general medicine. The study of the

pathogenic bacteria alone is of importance to the physician, interesting as the study of the non-pathogenic may be. Ehrenberg in 1838 and Dujardin in 1841 considered all bacteria to be infusoria, but now they are recognized as vegetable micro-organisms differing essentially from infusoria, which are unicellular animal organisms. The difference between animal and vegetable organisms is the fact that the former receive food into the interior of the body, assimilate the nutritious portion, and extrude the non-nutritious residue, while the latter are nourished through the cell-wall by organic or inorganic substances held in solution. The term bacteria comprises a large group of these minute vegetable organisms, which multiply by a process of transverse division. They are spherical, oval, rodlike, and spiral in shape, and are commonly devoid of chlorophyll. These organisms are divided into two great classes,—saprophytes, which obtain their nutrition from dead organic matter, and parasites, which thrive always at the expense of some other living organism, and cannot, as a rule, develop upon dead matter. Some of these organisms, however, have the property of a dual existence, accommodating themselves to the surroundings, at one time leading a parasitic and at another time a saprophytic form of existence. These organisms are known as facultative parasites or saprophytes. The pathogenic organisms are parasites, or in certain instances facultative saprophytes.

Bacteria are also divided into aërobic and anaërobic; that is to say, certain of them grow in the presence of oxygen, and certain others will not grow in the presence of oxygen. A notable example of the latter class is the bacillus of tetanus, and it emphasizes the importance of free incisions in punctured wounds where there is any suspicion of the entrance of the bacillus of tetanus. Bacteria are also divided into cocci, or round bodies, in which all of the diameters are equal; into bacilli, in which one diameter is longer than the other; and spirilla, in which the organisms are curved when seen in short segments, or when in longer threads are twisted in the form of a corkscrew. Cocci are divided into staphylococci, growing in masses like clusters of grapes, and streptococci, those growing in chains; diplococci, those growing in pairs, and tetrads, those developing in fours. Certain of these organisms have spores, and the presence or absence of spores has an important bearing on the subject of disinfection, spore-bearing organisms being extremely difficult to kill. It is this fact that led Tyndall and Pasteur to adopt the process of fractional sterilization, which is now used in every laboratory. This process consists in subjecting the culture medium to be sterilized to a temperature of 100° C. for fifteen or twenty minutes for three successive days, the object being to destroy all the mature organisms at the first sterilization and then allow the spores to sprout and be

destroyed at the second and third sterilizations. Experience has proved that three sterilizations are sufficient to destroy all organisms that may be present in the culture medium.

Time will not permit of any further account of bacteriology in general, but a study of some of the most important of the pathogenic micro-organisms may be of interest. The infectious disease known as anthrax, or malignant pustule, has been demonstrated to be due to a known specific organism, the bacillus anthracis. This organism was discovered by Davaine in 1850. He found this bacillus in the blood of infected animals and demonstrated the etiological relation of the organism to the disease. This bacterium is a bacillus of moderate size and stains readily with the usual aniline colors. It bears a very marked resemblance to the bacillus subtilis, from which it can be distinguished by its non-motility. It is a spore-bearing organism, and for this reason it is extremely difficult to kill. In the countries where the disease most frequently prevails it has been found that the bodies of animals dead from the disease, although buried two or three feet deep, were sources of infection for a very considerable period of time. Fortunately, in this country the disease is comparatively rare, being usually found on workers in wool, hence its name, "wool-sorters' disease," or among those who handle horse-hair. This bacillus is pathogenic for cattle, sheep, horses, rabbits, guinea-pigs, and mice. White rats, dogs, and frogs are not susceptible to the disease. Man is not particularly susceptible, but may be subject to local infection from accidental inoculation, giving rise to malignant pustule, or to anthrax of the lung contracted from inhaling the spores of the organism while sorting wool or hair from infected animals. Where a partial immunity has been acquired as the result of inoculation with attenuated virus, hypodermic injections of a pure culture sometimes may give rise to a slight local inflammatory process with a certain amount of effusion of bloody serum, in which the bacillus is found in considerable numbers, but the blood is not invaded by the organism and the animal recovers after a slight illness. In 1892 Petermann made a series of experiments with cultures of the anthrax bacillus filtered through porcelain. He found that these cultures injected into the veins of susceptible animals had a certain preventive action, but the immunity was only transitory, lasting not longer than a month or so. Strauss, Chamberlain, and others have established the fact that the anthrax bacillus may pass from the mother to the foetus in pregnant females. Wolff, however, has shown that this does not always occur. The question of the entrance of the virus in this way is a very interesting point and merits further and more extended investigation.

(To be continued.)

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF
LINDA RICHARDS

For several years those having most to do with the insane in Massachusetts have been making a movement in the direction of State care. The medical profession practically unanimously favor it; and when the new Board of Insanity came into existence the act creating it specified that in 1900 it should make a report on the subject to the Legislature. This it did in a very thorough and comprehensive way, indicating a plan by which it could be effective. This report was heartily and unanimously endorsed by the medical profession. It also impressed itself as reasonable and desirable on the minds of the various legislative committees, so that all reported in favor of it. By the operation of the new act all the insane in almshouses will gradually be placed in State institutions, though the new law does not go fully into effect until 1904. A most important step towards the accomplishment of this end is the establishment of a colony for the cases of long duration which are generally incurable and are usually called "chronic." This colony is probably to be of not less than two thousand acres, and will eventually accommodate an extremely large number of persons, relieving the hospitals and making it possible to use them for the treatment of acute cases.

This will enable the State to have eventually a very comprehensive system of classification, the colony representing, one might say, the end of a chain, the beginning being the hospitals for acute cases, and the intermediate links the small detached colonies of these hospitals, convalescent homes, and homes in which patients can be boarded. The present Board of Insanity, which has already more than justified its creation by the broad and far-seeing manner in which it has taken hold of the problem, can be relied upon to work it out to a successful conclusion.

CONSUMPTIVE patients in and about Boston, Massachusetts, who cannot be properly cared for in their own homes with safety to their associates, will now be removed by the Boston Board of Health to Long Island Hospital, Boston Harbor, or to Tewksbury, Massachusetts. These patients will be allowed to receive visitors, and life will be made as pleasant for them as the rules of the institution will allow. In the early

stages recovery often takes place, and these patients will be placed under the best possible conditions. They will be given plenty of nourishing food, and special care will be given to ventilation. Strict measures will be enforced to prevent the spread of the disease.

INFORMAL steps have been taken towards the establishing of a hospital in Milton, Massachusetts.

LAWRENCE, Massachusetts, is to have a new one-story hospital which will cost fifty thousand dollars.

IN Middletown, Connecticut, Mr. William P. Cannon has purchased of Mr. Fountain the Gardner place on Washington Street. It is to be used as a hospital.

PAWTUCKET, Rhode Island, has a movement well under way for the establishing of an emergency hospital.

THE County Commissioners at Hartford, Connecticut, have opened bids for the erection of a hospital building at Warehouse Point.

THE trustees of the Newton Hospital have asked for an appropriation of thirty-five thousand dollars to erect two contagious wards containing twenty-five beds each. These wards are to replace those which were burned a few months since, and which had for a long time been much too small for the needs of the hospital.

MISS IDA WOOD, of Worcester, has been appointed matron of the hospital at Clinton, Massachusetts. She fills the vacancy made by the resignation of Mrs. Mary E. Rollins.

ACTION has been taken by the trustees of the Fall River Hospital practically assuring the union of the two hospitals as soon as a new corporation can be formed. The plan of waiting until the subscriptions to the building fund reach forty thousand dollars has been abandoned, as Mr. John S. Brayton desires to convey a deed of the land offered as site as soon as possible. To meet with his desire the trustees of the hospital have withdrawn the stipulation that forty thousand dollars be paid in or subscribed before acting.

A BRANCH of the Boston Emergency Hospital, to be conducted along the same general lines as the main institution, will be established at 16 Orange Street, Worcester, Massachusetts, where a representative of the Hospital Association has engaged rooms which will in the near future be fitted up for hospital use. Dr. Francis Shaw, ambulance surgeon at

police head-quarters, has been offered a place on the house staff of the new institution. The Boston Emergency Hospital Association has recently started to establish branch hospitals in the principal New England cities. The association issues to men, women, and children a non-transferable certificate for one dollar which entitles the holder to medical and surgical treatment for one year in the institution. If the certificate-holder desires, he may be treated at the General Hospital, 142 Kingston Street, Boston, instead of at the branch in Worcester.

THE Ardendale Sanitarium Company, of Greenwich, Connecticut, has filed a certificate of organization. The purpose specified is to establish, conduct, and operate one or more general and special sanitariums for the care and treatment of all diseased conditions, particularly those due to nervous disorders. The capital stock is divided into two hundred shares.

IN Milford, Massachusetts, a committee has been appointed to take steps towards the establishing of a new hospital in that town.

WORK is progressing on the new hospital buildings at Middletown, Connecticut.

THERE is talk of purchasing Folly Hill, in Danvers, Massachusetts, as a site for a sanitarium.

BY the will of Mrs. Maria M. Curtis the House of Mercy, Pittsfield, Massachusetts, receives five hundred dollars for the support of a child's bed.

THE trustees of the Morse Hospital, Natick, Massachusetts, were recently made happy by receiving a check for one thousand dollars from Miss Elizabeth Cheney, of Wellesley, Massachusetts.

A REQUEST has been made for an appropriation for additional improvements and alterations at the Long Island Almshouse Hospital, Boston Harbor, Massachusetts.

THE Newburyport Hospital has lately come into possession of five hundred dollars from a bequest of Judge Henry M. Chase, of Barnstable, Massachusetts.

BIDS for a new hospital in Waterbury, Connecticut, are expected to be handed in soon.

AMONG the more recently built nurses' homes that of the Hartford, Connecticut, Hospital may be mentioned as very complete in all its appointments. The building is of brick, three stories high, with wide, comfortable verandas on each story. It has fifty-five single rooms for nurses, besides rooms for the superintendent of the training-school and her assistants, roomy parlors, a very nice library, a bright, airy dining-room, commodious lecture- and class-rooms, and plenty of sunshine everywhere. The nurses find it a very pleasant contrast to their small rooms in the hospital. The part of the hospital heretofore occupied by the nurses is being transformed into a model obstetrical ward, which has for a long time been much needed, as the ward used now for that purpose is often overcrowded.

THE trustees of the North Adams, Massachusetts, Hospital are erecting a very nice home for their nurses which they expect to have completed by the last of November. The building, which is of brick, has three stories, and will accommodate the superintendent, her two assistants, and fourteen nurses. Each nurse will have a room to herself, and the parlor, class-room, and dining-room will be commodious and attractive. The rooms in the hospital now occupied by nurses will be used for patients, thus increasing the capacity of the hospital to fifty beds.

MISS S. F. PALMER, superintendent of the City Hospital, Rochester, New York, has been granted a four-months' leave of absence. Miss Smart, her assistant, takes her place while she is away, and Miss Mary E. Pierson, who for four years was Miss Palmer's assistant at the Garfield Hospital, Washington, D. C., is taking Miss Smart's duties.

THE "Twentieth Annual Announcement of the Illinois Training-School for Nurses" is, we think, besides being very complete, the first of its kind issued. It surely fills a long-felt need in that it gives the prospective pupils the exact information so necessary to them, and which they usually fail to receive. We would be very glad to see similar announcements sent out from all training-schools.

MISS E. L. STOWE, who for the past nine years has been the efficient and valued superintendent of nurses at the Rhode Island Hospital, Providence, Rhode Island, has, because of ill-health, been forced to resign her position. She will take a long rest, and will spend some months with friends in the West.

WITHIN the past year more than sixty thousand dollars have been spent upon the St. Joseph's Hospital, Sioux City, Iowa, and the capacity has been increased from sixty to one hundred and twenty-five beds. In every particular the arrangements are complete. There are three wards for men and three wards for women, besides seventy-five rooms. There are two well-equipped operating-rooms, one of which is used by Dr. William Jepsons in his work of demonstrator of anatomy of the Sioux City College of Medicine. A training-school for nurses is soon to be organized in connection with the hospital.

THE Small Hospital, West Superior, Wisconsin, is expected to be ready for occupancy by September 15.

THE Seattle General Hospital, Seattle, Washington, has recently changed hands, and is now run by the Deaconess Hospital Association of the Methodist Episcopal Church. Mrs. M. King is superintendent of the hospital and training-school. The hospital is now in leased quarters, but is putting up a building of its own, which is to be ready for occupancy in about three months. When they move into the new hospital there will be a superintendent of the Sunday-school in addition to the superintendent of the hospital.

THE Manod Hospital, Seattle, was opened as a lying-in hospital, but has been changed to a general hospital. It is owned and managed by two trained nurses, Miss Alma Anderson and Miss Elizabeth Carigan.

THE Providence Hospital, Seattle, is a Roman Catholic hospital. The nursing is done by sisters. It has no training-school.

THE Samaritan Hospital, Sioux City, Iowa, under the management of the Woman's Christian Association, is modern in its appointments and is yearly increasing in size and importance. It has accommodations for sixty patients. Nineteen private rooms are in constant use. It has a training-school of fourteen nurses. The work is largely surgical, not less than two or three operations being performed daily. The amount of work done at the hospital has more than doubled in the past two years, many improvements have been made, a new operating-room has been built, and other additional rooms have been provided. During the past year sixty electric bells have been put in, the old floors have been replaced by new hard-wood floors, additional rooms for nurses have been made in the third story, and two wards have been newly

furnished. Recently the hospital has purchased the property north of the present site. The newly acquired property consists of a lot of land and a large double house, which will soon be remodelled and put into use. Miss Lucy C. Ayers, graduate of the New Haven, Connecticut, training-school, has charge of the hospital.

ERIE COUNTY HOSPITAL, Buffalo, New York, is to have two new buildings—one to be used for consumptive cases, and one for cancer and skin diseases.

ST. ALEXANDER HOSPITAL, New Ulm, Minnesota, is to have two additional buildings. They are to be three stories with basement. One will soon be completed, and the other will have foundations laid this fall, the work to be completed next spring.

ST. MARY'S HOSPITAL, Quincy, Illinois, is to have an addition. Work has already been commenced upon it.

BUFFALO, New York, is to have a new emergency hospital. It is expected to be completed by May 1, 1901.

THE new Eye, Ear, and Throat Hospital now being built at Austin, Texas, is expected to be ready for occupancy by January 1, 1901.

GRACE HOSPITAL TRAINING-SCHOOL, Detroit, Michigan, recently graduated a class of fourteen nurses. The exercises, which were held in the beautiful new Nurses' Home, consisted of an opening prayer by the Rev. Mr. Markridge, a very liberal supply of music by the Mandolin Club, an address by the Rev. John McDowell, presentation of diplomas by Mr. Cleveland Hunt, and an address by the Rev. Mr. Markridge. At the close of the exercises refreshments were served to about two hundred friends.

FOREIGN NEWS

ORGANIZATION NOTES AND CURRENT EVENTS

A SURVEY of our sisters' activities in other parts of the world shows much of interest and promise, with an occasional crisis here and there.

IN CANADA.

LATELY a bill was brought before Parliament providing for a Canadian Nurses' Association. It seemed to be supported by but a small body of nurses, with an indefinite background of medical men. The draft of the bill was in brief as follows: Six nurses, mentioned by name, were to be incorporated under the above title, "together with such persons as become members of the Association." ("*Such persons*" meaning who?) No objects were stated, but revenue and profits accruing were to be used solely for the "objects" of the Association.

The eligibility list included two-years' graduates of general hospitals of a certain size, and six-months' students of lying-in hospitals. Membership was to be conditional on the approval of an Advisory Board composed of medical men. Branches were to be established in the Provinces and "For the better government of the Association" this "Advisory Board of medical practitioners may be annually elected at the annual meeting of the Association: Such board may require candidates for membership in the Association to submit to examination; may impose penalties for unprofessional conduct; rescind certificates of membership for cause, and exercise a surveillance over the affairs of the Association."

We recommend study of this bill as a complete and perfect bad example. It is precisely everything that a bill for nurses ought not to be. No legislation at all is infinitely preferable to pernicious legislation.

Thanks to the wisdom and foresight of Mr. Ross Robertson, M.P., the bill was brought to the notice of nurses throughout the Dominion, with the result that it was withdrawn. That the medical men supporting it had done so with excellent intentions is evidenced by the fact that upon learning the objections they not only acquiesced therein, but promised to support a genuinely representative and self-governing nurses' association, under which, we hope, Canadian nurses will take full and dignified control of their professional development.

IN ENGLAND.

ALL who are interested in organization will feel the newly formed League of St. Bartholomew's Nurses to be of deep import. The League is similar in its spirit, scope, and plans to our alumnae associations, and is the first organization of the kind among nurses in Great Britain. It is pleasant to know that our influence had some share in stimulating its formation. However, even without that it would doubtless have taken rise. The League has already a membership of several hundred, has published its journal, and is prepared to take a serious position on public questions. The president asks the members to study all matters relating to the profession, and especially the subject of legal registration, the need of which grows daily more urgent.

The Matrons' Council of Great Britain and Ireland has gone on record for its public-spirited activities in many lines. To mention briefly its more important actions during the past eighteen months:

It initiated and successfully carried through a nursing sub-section of the professional section of the International Congress of Women held last June a year ago in London: Mrs. Bedford Fenwick, convener and chairman of the professional section, had with her on the committee Miss Isla Stewart, matron of St. Bartholomew's Hospital; Miss Louisa Stevenson, of the board of managers of the Edinburgh Royal Infirmary, and Miss M. Huxley, of St. Patrick Dun's Hospital, Dublin.* At a subsequent meeting of the Matrons' Council a resolution offered by Mrs. Fenwick was unanimously carried, proposing the formation of an international organization of nurses.

A resolution was sent to the dean of Durham,—a woman's college having been established in connection with Durham University,—advocating the establishment of a chair of clinical nursing. This resolution, laid by the warden before the senate, was by them referred to the Council of Medicine, by whom it was disapproved. This, however, is only the initial history of all higher education, and need cause no discouragement. The Matrons' Council, in its action, has set a courageous and also an original example.

The council is at present and has been for some time actively interesting itself in nursing reforms in the army and navy, having petitioned both the Admiralty and the War Office for hearings. Their resolutions, reports, schedules of needed changes and organization plans, incidental relations with the daily press, and letters bringing the matter before the

* The published proceedings of the Congress may be had from Mrs. Fannie Humphreys Gaffney, 41 Riverside Drive, New York City.

public have meant an enormous amount of work. Space does not allow a full report of these proceedings, which may be found in the *Nursing Record* of May, June, July, and August of the current year.

Miss Isla Stewart is publishing, in collaboration with Dr. Herbert Cuff, a book on "Practical Nursing," in which she advocates a central preliminary college, certification, and registration.

IN DENMARK.

THE Danish nurses have in the last year formed a national council, and we learn some interesting details of their progress. They have had, as is perfectly natural, trouble between the modern progressive members and the "hardshells," who are afraid of individual freedom. Perhaps they tried to go ahead too fast at first, under the leadership of a nurse who is also prominent for her active interest in industrial, educational, and political questions. There was a reaction, and the old-time element came into full power, which it still holds. The liberal Danish nurses wanted to work for a higher standard of theoretical teaching, shorter working hours, and a lessened degree of subordination in their general affairs. Reports and communications have been sent to them from several of our *alumnæ* societies, and schedules of hours in our hospitals having the eight-hour system. They hope for our help and support in their efforts, and every American nurse should respond to their wish.

We wish them final success, and, meantime, toleration for their obstructionists, remembering that change of ideas cannot be produced by an effort of the will alone, but requires an actual physical alteration in the brain-cells and the distribution of the blood supply to the brain.

IN HOLLAND.

HOLLAND has its Dutch Association for Sick-Nursing, which has been in existence for seven years. It has established the standard of three years' training, and has been instrumental in effecting various reforms relating to the nursing staff in hospitals. Certain provisions are made to nurses for financial aid in illness, and the association has also provided courses in cookery for the sick for nurses, this branch of instruction being apparently lacking in the hospital curriculum. The association seems to be organized on lines similar to those of the German nursing associations, and publishes a monthly journal.

A new organization has recently been founded in Holland, called the "Dutch Association for furthering the Interests of Male and Female Nurses." It is not yet quite clear to us what policy and objects characterize this new association. The nurses themselves, apparently, take no

very direct interest in the Association for Sick-Nursing, as the secretary complains that few of them attend meetings. Vexatious questions considered at the last meeting were those relating to the protection of private duty nurses from the quack nurse, and to the standing of nurses taught only in hospitals for the insane. The "Hague Committee for the Training of Nurses" desired to join the Association for Sick Nursing. This committee, however, besides training women in a general curriculum, also gives certificates to women who have worked for but one year in an asylum for the insane, and a number of medical men protested against receiving it into membership, on the ground that a general training could not be had in an asylum for the insane; however, against opposition, it was elected in, and the certificates of the association will now be bestowed equally upon the one-year asylum pupil and the three-year hospital student. In our opinion this is an unavoidable feature of early stages of organization, and though a very crude and ill-fitting adjustment, need be only temporary. By coming together to this extent the asylum system and hospital system are more likely to modify each other, so that in time a minimum basis of general training will be acknowledged as necessary for every nurse before she gives herself up to a specialty.

The bogus nurse seems to be giving them some trouble in Holland, and their way out of it seems to them to lie in the direction of a closer guardianship of trained nurses in homes under the control of societies.

IN GERMANY.

WE extract the following from the journal of the Red Cross Societies:

"The Imperial Commissioner and Military Inspector of the Society of the Red Cross has made the following announcement: 'The often-proved devotion and self-sacrifice of the voluntary nursing societies of the German Fatherland have again offered every possible aid in the struggle with China. It is to be expected that the Red Cross will rush supplies of every kind for the comfort of our soldiers. In order that all free gifts may be turned to the highest efficiency in corresponding to requirements, I hereby give notice that all offers of service, of appliances and conveniences, as well as all contributions of money, are to be sent to the authorized organization, the German Red Cross Society, and its affiliated orders, through whose officers it will reach me and so be used for the work of the sanitary service of the army. With reference to the above announcement it is to be noticed that the chairman of the German societies to provide nursing in the colonies has placed her services at the disposal of the Red Cross Central Committee and of the Marine Service, for

the work of sending out nursing sisters. All offers of help, whether from fully trained nurses or untrained women, are to be addressed to her excellency Frau von S——, Berlin.' ”

WE hope in later numbers to have accounts of the nurses' organization of Sydney, New South Wales, “The Trained Nurses' Reunion,” and of the system of registration in South Africa.

IN strong contrast to the reports from military hospitals where trained nurses are established are the shocking facts brought before the public by Mr. Burdett-Coutts relating to the English army, and by Miss Margaret Astor Chanler, fearless member of a family of reformers. Even the discreet correspondent of *Harper's Weekly* hints at reasons why the soldiers in the Philippines are not all cared for as well as those in a few hospitals where the nurses are. Perhaps it is not proper to criticise War Departments severely for these things, and it may be that we are still laboring under a belated mediævalism of ideas in romantically idealizing the military genius so far as to expect tender consideration for life to be united with ruthless destructiveness. It does not seem logical for a public opinion enthusiastically to endorse war and clamor for the utmost stress of exertion from military men, and then to abuse them for not having the comforts of civilization at hand.

MISS AMY B. HILL, of the New York Hospital, writes:

“HIGH SEAS, August 7.

“My call to South Africa came at last unexpectedly; I am one of twenty nurses on the way to Cape Town. Beyond this we do not know our destination, but expect to be dispersed up country.”

MISS H. L. GADDIS, Garfield Memorial Hospital, sends some items from Las Animas Hospital, Havana:

“August, 1900.

“At present we have twenty-seven yellow-fever patients. Every ounce of water they drink is recorded on the minute. All urine is measured and recorded. Each patient has a cleansing bath daily.

“For high temperature, cold enemas every three hours, ice packs, and ice sponge-baths are given. For the first few days they are given no nourishment, but plenty of water, Vichy, and lime juice. When they begin on milk they usually have at first a half ounce, increased very gradually up to three or four ounces, when they are promoted to ice-cream and milk-toast.”

[Further items on yellow-fever nursing with charts from Miss Gaddis will follow.—ED.]

MRS. QUINTARD is at the General Hospital, Puerto Principe, Cuba. She says:

"Puerto Principe is thirty years behind the times; it has never occurred to the people that the sick could be cared for decently, and the very name 'hospital' stands for everything vile and unpleasant. . . . We expect to be ready to receive patients in a few weeks. The work of obtaining probationers progresses, and I am confident that when we open we shall have plenty."

[The hospital is a civil one, and it is intended that young Cuban women shall be trained as nurses.—Ed.]

"SANTA MESA U. S. A. HOSPITAL, MANILA, PHILIPPINES.

"... The Nurses' Home is an old Spanish palace on the prettiest street in town. On entering the large hall, or court, you see an old fountain and the broad, winding stairway leading up to the large dining- and reception-rooms. These still contain some of the old Spanish furniture. . . . At present there are eight hospitals in the islands that I know of where the women nurses are at work. Many of the cases are such that they must have men to care for them. This hospital has a capacity of one thousand; it is on elevated ground, four miles from Manila, and we have all the breezes there are. The forty buildings make quite a village,—built in native style, hard wood and bamboo frames covered with Nipe grass. We have a good Chinese cook and boy to help. The nurses are on eight-hour duty. They carry out medical orders and supervise the work of the hospital corps men.

"We have been much interested in visiting a little native mother. To get into her hut we had to climb a bamboo ladder; inside everything was neat and clean. Mother and babe lay on mats on the floor, with round rolls for pillows and screened off, so as to get no air. It is their custom to remain so for thirty days, neither mother nor child being bathed in water during that time, but rubbed with cocoanut oil. The baby's cord was dressed with pieces of linen and a brown powder.

"A. A. ROBBINS."

[Letters from England, India, Denmark, Italy, China, and the Klondyke are held over for future issues.—Ed.]

EDITOR'S MISCELLANY

DEAR EDITOR:

I am moved to write you on a subject which has made a great impression upon me lately,—namely, the important need for nurses to begin early making provision for the time when they shall be worn out with the hard life of their profession, and want to rest in little homes of their own. I have just returned from an engagement where I was associated with a nurse who graduated nearly twenty years ago. She is a very superior woman; has been, and still is, a most successful nurse; I had often heard of her from doctors and patients. We fell to talking one day about the lack of business methods and business wisdom among nurses, and this led Miss S. to tell me of her own appalling condition regarding provision for her future and the terrible anxiety which is wearing upon her in consequence. Although she has been nursing almost steadily since her graduation, she has only two hundred dollars laid by, and what is to become of her when she can no longer work she does not know, for she is alone in the world. She longs for rest now and needs it, but there is no rest in sight for her. She has not been selfish in the use of her money. Loved ones in her own home needed her help, and she gave it until one by one she has seen them all laid to rest. But what is to become of her? Looking back over her life, she says she can see that if the seriousness of the present time had been impressed upon her, and she had had some knowledge of safe building and loan associations, or of endowment life insurance, or, above all, of some method of investing so as to secure an annuity after a term of years, she would have bound herself to paying an annual assessment. She would have found a way of doing it somehow, had she bound herself to it and not left it a voluntary matter. And then think what it would mean to her now to be able to lie back for a part of the year at least, and be assured of a certain annual income as long as she lives! But she did not do it. When she graduated the profession was young, nurses were in great demand, and the income seemed very, very big. But now the time is coming when the first graduates are beginning to experience what it really means to have made no provision for the inevitable time of inactivity. Until now the warning note has not been sounded very loudly. In the early years there seemed no great hurry about beginning to save; it was always, "Next year I will start a bank account."

Perhaps to give you a concrete instance of what may be done, and so help some other undecided nurse, I may be pardoned if I state what I have found practicable in my own experience. As the time drew near for me to receive my diploma, the question of earnings and savings occupied my thoughts to a considerable extent. I knew that I was not naturally of a thrifty disposition, my wants usually keeping close pace with the limits of my purse, but I also knew that in my declining days there would more than likely be no one to whom I could look to for support, and that therefore I must provide for myself while in the heyday of activity, and I set myself to study the best means of doing this.

My wardrobe needed replenishing for private duty, I had to rent a room for future head-quarters, and there was an invalid sister at home towards whose support I wished to contribute, so that saving for the first few months looked like an impossible feat; but I made up my mind to put five or ten dollars in the savings bank each month, no matter what might happen. For a year I succeeded at this very well, but during the next year my old love of spending got the upper hand of me many times and my bank deposits began to grow spasmodic, though my earnings were more than in the first year, and I began to see that the only safe road for me towards thrift lay in making some kind of an investment which would bind me to stipulated yearly payments. I studied advertisements and sent for literature on the subject. These, fortunately for me, I submitted to a friend, a business man whose judgment I knew to be sound. Several alluring "syndicate" advertisements, etc., he consigned to the waste-paper basket, and warned me emphatically against any investment which promised impossible returns. He strongly advised my taking out a life insurance endowment policy in some old, well-known company, pointing out to me that the older and more prosperous the company the larger the surplus of earnings must be, and therefore the more liberal the offer that could be made to its patrons. Under his guidance I looked up several companies, and found one which made a special offer to self-supporting women, and would secure to them a very generous cash sum at the expiration of the policy, or, if preferred, an annuity or regular yearly income to the end of life.

I have made several payments on this policy, and am surprised to find how easy it is to do this, now that I have committed myself. I am hoping to make double payments some years, and so shorten the time before which the policy expires. If, however, on the other hand, illness or misfortune should render it impossible for me to complete my payments, I can withdraw what I have put in, with interest (after the expense of the policy to the company has been deducted), just as I could from a bank, and not least of the comforts is that in the event of my death at any time my sister can draw the full amount for which the policy is made out—in my case, two thousand dollars.

GRADUATE.

WOULD IT BE AN UNMIXED GOOD?

MUCH is being said and written in these days regarding improvements in the care of patients in our hospitals.

This advice and counsel comes mostly from patients, and one of the latest suggestions is that hospitals increase their forces of nurses and attendants to such an extent that patients need never wait for any attention, whether necessary or imagined to be so.

For instance, the patient in question imagines that the window is open a little too much, the steam is not turned on quite enough, or she thinks she may want a drink in half an hour, and therefore will ask for it now.

These demands are all filled in time, but the patient would have them more promptly filled. Provided it were possible to so increase the number of nurses and attendants to meet all these wants with the desired promptness, and thus furnish employment for the minds of the patients, would the greatest good be to the patient? Is there not something required of nature in healing the sick?

Is there not time which must be spent in waiting for the natural processes? Does that garden flourish best that has the roots of its plants examined oftentest to note the progress thereof?

R.

BUFFALO NEWS.

THE initial meeting for the season of the Nurses' Association was held September 3 at the Guard of Honor rooms, the president, Miss Damer, in the chair. Owing probably to the heavy rain, there was a small attendance.

Three applications for membership were presented, and two for the sick benefit. A notification of the appointment of the president as a member of the Woman's Board of Managers of the Pan-American Exposition was read.

The question box was opened and the question, "Is the instruction received in invalid cookery in the training-school of practical use to the nurse in private practice?" was followed by a lively discussion, the methods employed in the different schools being explained. A month or two in the diet-kitchen following a course of lessons was considered desirable.

It was decided to have a lecture given on foods and food values at an early date.

Another question, "Is the standard rate of twenty dollars per week for professional services strictly adhered to?" was answered with a decided negative. When from feelings of humanity, friendship, or necessity, a nurse agrees to accept a lower sum for the term of her engagement, it was considered best to give one or more weeks for nothing than to lower the price per week.

At the June meeting the subject of trained attendants was discussed and their competition after a few months' or a year's service as such with the regularly trained nurses. A committee was appointed to wait upon the directors of the Woman's Educational and Industrial Union, which has conducted such a class for years, and to point out to them the injustice to the patients as well as the nurses of this superficial and totally inadequate training.

We are glad to say that as the result of this committee's effort, the directors of the Union have decided to discontinue these classes, confine the lectures to young wives and mothers, hold no examinations, and grant no certificates. The graduates of the Buffalo General Hospital Training-School have formed an *alumnæ* association.

A LOCAL society of trained nurses has been formed in Cleveland, Ohio, with Miss McMillan, principal of Lakeside Hospital, as president.

THE trained nurses of Rochester, New York, were the first to form a county society, with State organization in view.

STATE ORGANIZATION IN NEW YORK.

A FEW nurses interested in the formation of a State Association met informally in New York City last spring to discuss the advisability of organizing. The multiplication of societies is undesirable unless it can be shown that this is necessary, and that the one proposed will do what can be done by no other. Our National Association is broad in its scope, and all embracing, as we hope it may become, in breaking down school prejudices, establishing an *esprit de corps* among nurses, and uniting them in common interests.

One thing for which it is striving is the elevation of the standard of nursing,—to have better schools, better trained women at the head of all schools, and

that the diploma which each nurse receives on being graduated will be what it professes to be, a certification of the fact that she is a *trained* nurse.

The diploma now held by a nurse from Smith's Corners or Split Rock Hospital, with four beds, seven nurses, and six-months' hospital training, has as much legal value as that of a graduate of Bellevue, Philadelphia, or Johns Hopkins, who has spent two or three years in hard work to obtain it. "Practical" nurses, trained attendants, trained nursery maids, discharged pupils, and probationers all don the "stripes," compete with, and claim the name and rank of those who justly are the only ones entitled to bear them. Is there any use in raising the wall, making it more difficult to obtain admittance by climbing, when it is so easy to crawl in underneath?

Is the nursing profession a meaningless term? Has it any rights, any privileges, secured to it by legislation? Can it say who shall enter its ranks or who shall be debarred from practising?

Do we desire to make it so that those who bear the name of nurse shall be so not in name only, but in deed and in truth?

If so, a State Association is necessary which can work for State registration and a uniform system of education.

The importance of this was impressed upon all those present at the New York meeting, and a committee was appointed consisting of Miss Merrit and Miss Dock, of New York; Miss Damer and Miss Nye, of Buffalo, and Miss Allerton, of Rochester, to make arrangements for a State meeting to be held at Albany during the fall to discuss organization and take action towards the formation of a State Association.

The committee was requested to notify all organized nursing societies in the State and ask them to send delegates to this meeting prepared to act. It is hoped that where there are no organized societies, these will be formed at once, either as *alumnæ*, city, town, or county associations, and that names of new organizations with address of secretary be sent to Miss Annie Damer, 55 West Mohawk Street, Buffalo, New York, who will be glad to furnish any information.

ORDER OF SPANISH-AMERICAN WAR NURSES.

MISS M. E. HIBBARD wishes to thank the members of the preliminary "order" of "The Spanish-American War Nurses" for their interested efforts, which have materially assisted in making this association a permanent one to-day.

As chairman of the proposed "order," it had always been Miss Hibbard's wish that the organization should be controlled by members of the nursing profession, and that consistency should be a virtue that would mark a state of progress.

In thanking the members who have from time to time expressed their appreciation of the work being done by the committee, Miss Hibbard would like to recommend the desirability of establishing and maintaining an *esprit de corps* among its permanent members. Miss Hibbard wishes to express her sincere regret at not being able to accept a nomination for office, as the uncertainty of location which is consequent upon the work of her profession would greatly interfere with the perfect performance of the duties incumbent upon the office.

As a member of the "Spanish-American War Nurses," Miss Hibbard will always be most interested and hopes to keep in touch with all the members.

MEETING OF SPANISH-AMERICAN WAR NURSES.*

THE meeting of the Order of Spanish-American War Nurses, held at the New York Hospital, September 4, 5, 6, was a most interesting and enjoyable affair. Dr. Anita Newcomb McGee and Miss Hibbard were the nominees for president, and as Miss Hibbard was unable to serve, Dr. McGee was elected by acclamation.

The subjects discussed were:

Shall we form ourselves into a working society?

Shall we have constitution, by-laws, and officers—president, vice-president, secretary, and treasurer?

Shall we have yearly dues, and what amount?

Shall we have yearly meetings?

Where will the next one be?

At the luncheon at Sherry's the invited guests were Miss Mary Desha, D. A. R.; Mrs. Whitelaw Reid, III. Auxiliary of the Red Cross; Mrs. Douglass, Civil War nurse; Miss Mary Gladwin, Miss Dorsey.

First Toast.—To the Daughters of the American Revolution and their work during our late war. Response by Mrs. Whitelaw Reid.

Second Toast.—To the III. Auxiliary of the Red Cross and their work for the nurses. Response by Miss Mary Desha.

Third Toast.—To the United States Army Nurse. Response by Dr. Anita Newcomb McGee.

Fourth Toast.—To the Nurses of Montauk Point Hospital. Response by Dr. Laura Hughes.

Fifth Toast.—To the Nurses of the Civil War. Response by Mrs. Douglass.

Sixth Toast.—To the Nurses in Manila. Response by Miss Mary Gladwin.

Seventh Toast.—To the Sisters of Charity in the Late War and the Civil War. Response by Miss Dorsey.

Eighth Toast.—To the Nurses who went to South Africa. Response by Miss Hibbard.

Toast Mistress, Mrs. George Lounsbury.

WE call special attention to the advertisement of Meinecke & Co., who have put upon the market the most comfortable and sanitary bed-pan yet invented. For hospital use it is commended for the ease with which it can be perfectly cleansed and readily inspected.

* This report received too late to be given in full.—ED.

ANNOUNCEMENTS

At the Convention of the Associated Alumnae it was voted that the American Society of Superintendents be approached upon the question of affiliating with the alumnae and applying for membership in the National Council of Women under one comprehensive title, under which, too, in time all bodies of nurses might enter. The matter was placed with the Executive Committee for complete adjustment, and the secretary was directed to communicate with the secretary of The American Society of Superintendents. The secretary of the last-named society reports that the majority of the returns from the members of her association thus far are in favor of affiliation.

Respectfully submitted,

MARY E. THORNTON, *Secretary.*

A FULL account of the origin and development to the present time of the International Council of Nurses, with an outline of its constitution, organization, and purpose, will be given in the November number.

At the meeting of the International Council of Nurses, held in London on July 5, Miss Snively and Miss Dock were appointed to form a committee to arrange for a Congress of Nurses to be held in Buffalo next September, it having been made known that the Buffalo Nurses' Association was cordially in favor of having a congress as part of the Pan-American celebration to be held in that city, and would act as a local committee. As yet the time has been too short to permit of further steps being taken, but later we shall be able to give an account of the progress made in this important undertaking.

THE November number of the JOURNAL will contain the address of the president, Mrs. Isabel Hampton Robb, before the Third Convention of the Associated Alumnae; the first of two papers on "Obstetrical Emergencies," by Dr. H. D. Fry, of Washington, D.C.; a paper on "Our Floating Hospitals," by Miss Charlotte Mandeulle Perry, of Boston, and much of interest in the different departments. Miss Hibbard's second paper will give a description in detail of the equipment and daily routine of the hospital ship "Maine." Later we are promised a series of articles from Miss Honor Morton, of London, who will write on "The Nurse in the Schools" and "The London Child." Dean Russell's address before the superintendents on the course in "Hospital Economics" and an interesting paper on "Nursing in Ancient Times," by Miss M. A. Nutting, will appear in our early numbers.

BOOK NOTICES

THE CARE OF THE CHILD IN HEALTH. By NATHAN OPPENHEIM, A.B., M.D.

Attention is called to this book as being equally interesting and valuable to fathers, mothers, doctors, kindergartners, and nurses. From the title one might ask, Why valuable to nurses? but to the clear-sighted woman who has had experience with small children the advantage of a better understanding of the healthy child is obvious. It has certainly been impressed upon many of us that the nursing of sick children would be far better done if more of us were better acquainted with children in health. It has been suggested that all nurses should take a kindergartner's course, all kindergartners take a nurse's course, and all women before they marry take both. As such a plan is far more feasible, the next best thing is study along these lines. Dr. Oppenheim's work is unusual in that, although written by a medical man, its ethical side is given a prominence quite equal to that of the medical side.

The introductory chapter will afford food for reflection to all women, married or single, and the chapters upon "Habits," "Relations of Parents and Children," "Education," and "Defective Children" are of great value.

The book is so well written that one closes it with regret that it is not twice as long.

SHORT PAPERS ON NURSING SUBJECTS. By LAVINIA L. DOCK. Comprising "A Pilgrimage to Kaiserwerth," "Nursing Organizations in Germany and England," "The Nurses' Settlement in New York City," and a Paper on Ethics, called "Ethics, or a Code of Ethics." Published by M. Louise Longeway, 151 E. 54th Street, New York City.

Miss Dock is so well known to the nurses of this country that her little book hardly needs an introduction. Her residence abroad and her connection with the Nurses' Settlement of New York have afforded her unusual opportunities for studying the subjects she presents, and the papers are both instructive and interesting.

THE EDITOR

THE motives which have led to the establishment of the AMERICAN JOURNAL OF NURSING will be readily understood. For many years the profession has been indebted to the nursing journals already in the field for cordial coöperation in many lines, and it has been largely through the instrumentality of these journals that the most important of its organization and educational work has been accomplished. Still, these journals have not been owned or controlled by nurses, and with the rapid strides that the profession is making in every direction, journalism would seem to be a necessary part of the trend of nursing progress. The "Associated Alumnae of Trained Nurses of the United States" in establishing an independent magazine is but following in the footsteps of all large organizations by having an organ of its own.

Every large association whose members are widely scattered has during the year many communications to make which can best be made through a recognized official channel. On the other hand, this society, working on advanced ethical and educational lines, standing for that which is most womanly and most progressive in nursing work, has much valuable information to impart to the public, as well as to the nursing profession at large.

The names of the women who have been selected to manage and edit the magazine should be a sufficient guarantee of the conscientious and thorough manner in which the work will be performed. Each name stands for a recognized force in the nursing world, and the duties that each one has pledged herself to perform gratuitously, for the first year, are an added burden to lives already heavy with care.

Financially the JOURNAL is well endorsed. The publishing house is too well known to require even a word of introduction, and as this firm also assumes the business management, the enterprise may be regarded with entire confidence.

It will be the aim of the editors to present month by month the most useful facts, the most progressive thought, and the latest news that the profession has to offer in the most attractive form that can be secured. In order to do this they must have the personal coöperation of the four thousand members of the society, to whom they will look for every kind of information of value to nurses.

Such knowledge, gained through experience in private work and in

the hospital, coming from every section of the country,—north, south, east, and west,—cannot fail to make the JOURNAL not only interesting, but of great educational value. In a practical way, every member can assist greatly by subscribing to the JOURNAL and inducing her friends to do the same.

It will be the policy of the magazine to lend its pages freely to the discussion of subjects of general interest, presenting every question fairly and without partisanship, giving full recognition to all persons offering a suggestion that shall be in the line of nursing progress, excluding only such controversy as shall seem to be personally malicious or lacking in broad interest to the profession.

Nursing in some form enters, sooner or later, into the life of every home. It is domestic in the deepest sense. Every woman with children should have some knowledge of it.

Until men and women whose names honor the boards of management of hospitals and other philanthropic enterprises are in close touch with nurses, frictions and factions will go on. Consequently, the JOURNAL will be of much importance in the home.

THE first issue of the JOURNAL can hardly be taken as a criterion of what is to follow. An immense amount of time and energy has necessarily been expended by the entire staff in gaining a knowledge of what we may call the business technique that hereafter can be devoted to increasing the professional and literary merit of the magazine.

All of the great questions will be taken up in turn,—State organization, the army nursing service, and educational projects of vital importance to the nurse of the future.

Two of the educational projects are so well understood that passing mention only will be made at this time,—the "Teachers' Course in Hospital Economics," the prospectus of which is given in this number, and which has for its object the evolution of the efficient teacher from the professional nurse, and the subject of "State Registration," whose legal aspect is discussed in "What we may Expect from the Law," which will lead eventually to a uniform standard of excellence in all of the nursing schools. Even now, with these questions in their infancy, comes a problem with as imperative a demand for solution as either of the others. I mean the establishment of a "preparatory school" for intending applicants to training-schools.

The absolute necessity for some preparatory knowledge of the theory of nursing, before beginning, and not simultaneously with, the practical work in the wards has for some time been apparent to the executive officers of training-schools.

Two training-schools at least in Great Britain have already made more than tentative experiments, along lines, however, that would not be altogether practical in this country.

There is a plan being formulated in Boston for the opening of such a school, the details of which are being worked out by Miss M. E. P. Davis, which will probably be on the basis of a uniform entrance examination for all schools. Candidates who are able to pass this examination without special preparation will, of course, be admitted directly to the training-school. Those who are unable to do this will be referred to the preparatory school. Here the pupils will be instructed in the elementary branches of the work, both practical and technical. For instance, before being intrusted with the care of a patient, the candidate will be taught to sweep and dust a room and to take care of the common household utensils, to prepare for a bath, make a bed, serve simple food, etc., with a sufficient knowledge of anatomy, physiology, and hygiene to enable her to handle a patient intelligently from the first.

The results obtained in the schools of Great Britain already referred to we shall give in full later, and the Boston experiment will be watched with a great deal of interest.

THAT we are to have State Societies seems to be a foregone conclusion. Upon what lines they shall be formed, so that all nurses shall be represented, is the perplexing question. To follow the example of the medical profession we should organize in counties. Every woman in the country, holding a diploma from a reputable school, has a voice in this matter. Kentucky is already moving. New York will soon follow. Which State next?

WE close our first number with deep feelings of gratitude to our able associates, contributors, and many friends for their material assistance and cordial interest in our efforts to establish the *AMERICAN JOURNAL OF NURSING*.

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THIRD ANNUAL CONVENTION
OF THE
ASSOCIATED ALUMNÆ OF
TRAINED NURSES

OF THE UNITED STATES

HELD IN

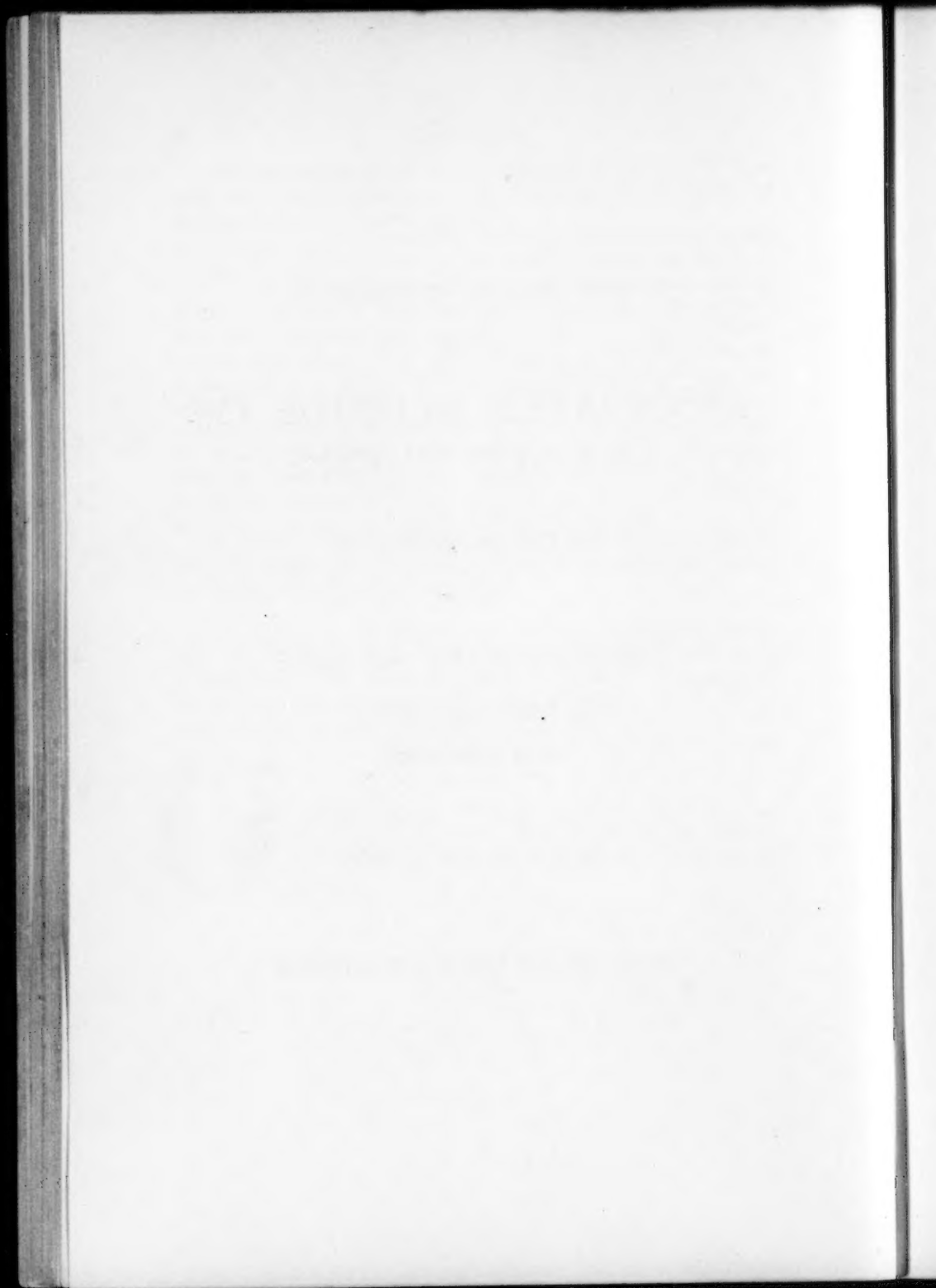
THE ACADEMY OF MEDICINE

17 WEST 43D STREET

NEW YORK CITY

MAY 3, 4, and 5, 1900

MINUTES OF THE PROCEEDINGS



OFFICERS FOR 1900.

President.

MRS. ISABEL HAMPTON ROBB, 1342 Euclid Avenue, Cleveland, Ohio.

First Vice-President.

MISS EMMA C. HACKETT, 726 West Adams Street, Chicago, Illinois.

Second Vice-President.

MISS EMMA J. KEATING, Erie County Hospital, Buffalo, New York.

Treasurer.

MISS TAMAR HEALY, 160 Joralemon Street, Brooklyn, New York.

Secretary.

MISS MARY E. THORNTON, 143 East Thirty-fifth Street, New York City.

COMMITTEES.

Incorporation.

MISS L. L. DOCK,

MISS E. D. AYERS.

MISS ISABEL MERRITT,

Periodicals.

MISS M. E. P. DAVIS,

MISS H. FULMER,

MISS M. W. STEVENSON,

MISS M. A. NUTTING,

MISS SOPHIA F. PALMER,

MRS. ISABEL HAMPTON ROBB.

Division of Expense of Delegates.

MISS HELENA BARNARD,

MISS J. J. CUNNINGHAM,

MISS IDORA ROSE,

MISS BROWN.

Sectional Committee.

MISS M. P. PARKER,

MRS. ELLINOR VAN SANTVOORT,

MISS BROWN,

MISS O. BIRDSALL,

MISS A. J. GREENLEAS.

Census.

MISS FULMER and Sectional Committee.

Committee on Study Course.

MISS F. A. STONE,

MISS A. M. CARR,

MISS MARY B. CLYMER,

MISS J. J. CUNNINGHAM,

MISS A. J. GREENLEAS,

MRS. SARAH SHEARER.

Committee on Reports of Local Associations.

MISS A. O. TIPPET, Chairman.

Printing Committee.

MRS. D. D. JENNINGS.

MISS MARY E. WADLEY.

MISS CORA WARREN,

Committee on Arrangements.

MISS ANNIE DAMER, Chairman.

Delegates Registered.

May 3, 1900.

Bellevue Hospital, T. S. A., New York	{ Miss ANNIE DAMER. LIDA G. STARR (3 votes).
Boston City Hospital, T. S. A.	{ " EMMA T. ELLIOT. DELIA KNIGHT. MARY M. RIDDLE.
Brooklyn Hospital, T. S. A.	{ " GEORGIANA A. SHIBLEY. C. E. VAN INGLE.
Brooklyn Homœopathic Hospital, T. S. A.	{ " CARRIE D. MCKEE.
Erie County Hospital, T. S. A., Buffalo	{ " EMMA J. KEATING.
Farrand, T. S. A., Detroit	{ " ELLEN H. COURTNEY. MARY G. THORNTON.
Garfield Memorial Hospital, T. S. A., Washington	{ " MARY C. GANNON. JESSIE BREEZE. EMMA C. HACKETT. HELEN W. KELLEY. ELIZA J. MOORE.
Illinois, T. S. A., Chicago	{ " A. M. CARR. N. W. READ. G. C. ROSS. JANET SAMPSON.
Johns Hopkins Hospital, T. S. A., Baltimore	{ " V. E. TOUPET.
Long Island College Hospital, T. S. A., Brooklyn	{ " MARY L. KEITH. PERSIS M. PLUMMER.
Maine General, T. S. A., Portland	{ " S. J. REMSEN.
Massachusetts General Hospital, T. S. A., Boston	{ " ELIZABETH H. STEELE. ANNA B. DUNCAN. JANE B. EMERY.
Methodist Episcopal Hospital, T. S. A., Brooklyn	{ " ELIZABETH HITCHCOCK. FLORENCE M. LINTON. HELEN G. MATHEWS. GEORGIA T. WILKIE.
Michael Reese Hospital, T. S. A., Chicago	{ " CASTELLA C. FRALEIGH. SARAH J. GRAHAM.
New York Hospital, T. S. A.	{ " MARY E. O'NEILL. ALICE M. GARRETT. NANCY E. CADMUS. C. E. DAVENPORT. MARY H. PATERSON. ELIZABETH FRICK. ELIZABETH M. BURNS.
New York Post-Graduate Hospital, T. S. A.	{ " ANNA M. E. O'BRIEN.
Paterson General Hospital, T. S. A.	{ " E. EASTMAN. M. E. JOHNSTONE.
Pennsylvania Hospital, T. S. A., Philadelphia	{ Mrs. HERMINE D. STONE.
Presbyterian Hospital, T. S. A., New York	{ Miss D. M. MACDONALD.
Presbyterian Hospital, T. S. A., Philadelphia	{ " ARTHRALIA LORD.
Rhode Island Hospital, T. S. A., Providence	{ " A. E. BROBSON. N. M. CASEY.
Rochester City Hospital, T. S. A.	{ " A. E. BROBSON. N. M. CASEY.
Roosevelt Hospital, T. S. A., New York	{ " A. E. BROBSON. N. M. CASEY.
St. Joseph's Hospital, T. S. A., Paterson	{ " A. E. BROBSON. N. M. CASEY.
St. Luke's Hospital, T. S. A., Chicago	{ " A. E. BROBSON. N. M. CASEY.
St. Luke's Hospital, T. S. A., New York	{ " A. E. BROBSON. N. M. CASEY.
St. Mary's Hospital, T. S. A., Brooklyn	{ " A. E. BROBSON. N. M. CASEY.
University of Maryland Hospital, T. S. A.	{ " A. E. BROBSON. N. M. CASEY.
University of Pennsylvania Hospital, T. S. A.	{ " A. E. BROBSON. N. M. CASEY.

Total, 48 Delegates—49 votes.

PROCEEDINGS OF THE THIRD ANNUAL CONVENTION

NEW YORK, MAY 3, 4, AND 5, 1900

First Day—Thursday, May 3, 1900.

THE morning was devoted to committee meetings.

FIRST SESSION.

ONE P.M.—Presentation of credentials, payment of annual dues, and registration of delegates.

The convention was opened with prayer by the Reverend David Greer, D.D., the president, Mrs. Isabel Hampton Robb, in the chair.

The address of welcome was delivered by Mrs. Cadwalader Jones as follows:

ADDRESS OF WELCOME TO THE ASSOCIATED ALUMNÆ BY MRS. CADWALADER JONES.

"I consider it a great honor to have been asked to bid you welcome to the city in which the first training-school for nurses was started, now nearly thirty years ago. It has often been remarked that events which have relation to each other are apt to happen about the same time; for instance, discoveries in science have frequently been made almost simultaneously by different investigators working independently. Thus in the year 1873 training-schools were opened at Bellevue Hospital, New York; at the Connecticut State Hospital, New Haven, and at the Massachusetts General Hospital, Boston.

"Probably few of you remember a time when trained nursing did not exist, but as I can, I may be allowed to say a few words about the condition of things which made the need of it so urgent. When I was a girl, nursing was either considered a gift, like a good voice, or an occupation, like cooking. Every family had some member or friend who was always known as a 'born nurse' and whose help was called for in any emergency. In many cases she certainly deserved her name, and the care she gave was much better than none at all, but it was anything but scientific.

"The 'born nurse' flourished especially in country districts, and was called in often without reference to the doctor, thus becoming his colleague, so to speak, if she approved his treatment, and not if she happened to disagree with him. I can remember several cases where these 'born nurses' directly disobeyed the physician's orders; if the patient got well, the credit was theirs; if he died, the fault was the doctor's. That was one class.

"The other was to be found in all cities where it was necessary that physicians should have some women of experience on whom to rely in acute cases and those of an obstetric nature. If a case of pneumonia or typhoid threatened to be serious and the household was becoming exhausted, the attending physician usually provided some woman whom he had employed in like circumstances before, and often she had learned to be a good nurse by obeying the doctors to whom she owed her living."

"For obstetric nurses there were elderly married women or widows, very respectable, and with a good deal of experience. Sairey Gamp might have been, and no doubt often was, found in the hospitals, but I have never in this country known or heard of such a creature in private practice.

"As to the hospitals, when I first came to live here in 1871, Bellevue was

probably about as good as most general hospitals throughout the United States, and the condition of things there was certainly bad enough. The nurses were of two kinds,—either elderly stupid creatures who had not sense enough to be house servants, and who had usually more than a taste for drink, or else they were young women of rather lively tendencies who were always ready for a flirtation with the house staff.

"In those days it was a risky thing for a doctor to order liquor for a case, as he was very likely to find the nurse the worse for it and the patient none the better. If, on the other hand, he strictly forbade any stimulant whatever, the sympathetic attendant was ready, for a consideration, to smuggle some in for the patient when she brought her own supply.

"Of downright brutality and cruelty there was, perhaps, not much, but there was a great deal of ignorance, carelessness, and mismanagement. You, who went into and graduated from training-schools already thoroughly organized, can have but little idea of what the first pupils in our schools went through. They were the pioneers who cleared the ground and sowed the seed by which we all profit now.

"At the present time there are three hundred and eighty-eight training-schools registered in Washington, and the number altogether is probably over four hundred, while from two hundred and fifty to two hundred and seventy-five pupils graduate each year from the fifteen schools of Greater New York.

"At your commencements you were probably told that you were going to follow a very beneficent calling, and that you were rather seraphic to have chosen it. I don't think I have ever been at any nurses' commencement at which at least one of the speakers did not say how blessed it would be to smooth the sufferer's pillow, and although I am a great admirer of Sir Walter Scott, I have come to wish that he had never written that line about the 'ministering angel,' because I have heard it so often. I do not mean to be flippant about a profession which I profoundly respect, for I am convinced that no woman can be really a good nurse who does not love nursing and to whom each patient is not more or less like her own child for the time; but besides doing an immense amount of good, like physicians,—indeed, a surgeon said to me only last summer, 'Without trained nursing surgery could not stand where it does now,'—you are, like the doctors, members of a regular profession, entitled to its honors, and at the same time bound by its responsibilities, and those responsibilities are not only personal to each of you, but they touch you as members of a general body.

"Now, it has been found, over and over again, that it is one of the hardest things in the world to make us women work together effectively. As somebody who wanted to start a woman's club once said, 'Women will join, and they'll pay their dues, but they won't come and they won't work.'

"If we will only think a little, it is usually not hard to find a reason for any trait of human character which is not abnormal, and I think we can account for this one. From the earliest times men have been in the habit of congregating together, either for offence or defence in war, or for council in peace, and while they were still living in caves they had practically learned the lesson which we have all heard in so many forms, about there being safety in numbers, that 'united we stand, divided we fall,' etc. But the women, on the other hand, were left behind, each one in her own cave with her babies, or later, as life grew more civilized, in her castle, or in her house in the town, or in her hut in the fields, but always shut into the little circle of interests which began and ended with her home. For many women that always has been, and always will be, the fullest and happiest life, but it is not to be followed by all of us, and if we once step outside that charmed circle we must be prepared to meet other obligations. They do not come easy to us, and I believe it is for the reason I have just given, but it is cowardly to shirk them, and also bad policy. Just now there is a great outcry against trusts. Wherever two or three people are gathered together we are told that they are forming a trust about something or other, which is therefore to be condemned. I do not, of course, mean to stand up for any organization which strives to make too much profit or to grind the working-people, but nobody can watch the tendency of our day without seeing that the big fish are gradually swallowing the little ones. Now, when that happened long ago, in the Middle Ages,—when the feudal lords and land-owners seemed likely to have everything their own way,—the little fishes got together and formed various

guilds, which in the course of time more than held their own, and became as powerful in their way as the power which they resisted. We all know more or less about these guilds, and we have heard how jealously they protected themselves from intrusion from outsiders, just as the trades-unions do now, but unless we go a little farther into their history we may not realize how much good they did to their own members. Freemasonry, which has been a power in the world, came from the fellowship of one guild, and they were all benevolent societies, with funds which were used to relieve their sick and helpless, as well as to teach the young and to support the old.

"Every modern association like this of your alumnae follows the example of the old guilds, and copies only what was best in them. Ten or fifteen years ago training-schools were comparatively few in number, and almost any trained nurse was sure of enough to do after she graduated, but you know that such is not always the case now. The best nurses may be always busy, but we cannot all be 'best,' and although it is as true as ever that there is 'plenty of room on the front bench,' people in every profession are now fairly sitting on each other's laps on the second. There are already a large number of alumnae members in your association,—over two thousand, I am told,—but it seems to me that there should be many more members and that they should be drawn together more closely. These annual conventions are most useful, besides giving the people to whom you come a great deal of pleasure, but they are not enough. Each pupil when she graduates should join the alumnae association of her school, and in every town large enough there should be some gathering-point at which the alumnae of all the local schools, and those of other places near enough, may meet, say once a month, to discuss matters of professional interest and also to encourage social intercourse and good comradeship. If there is any medical discovery or improvement which is attracting attention, probably some clever physician would be willing to make an address about it out of general kindness and benevolence, and also because a doctor is as anxious that nurses should be good as a locomotive engineer is to get a good fireman. The question of the disciplinary power of such an association is also important, and the more such power is known to exist, the less likely it is to need exercising.

"But the great object must be to draw all members together. Women are by nature—or long habit—rather suspicious of each other, and, as I have said before, it is hard to make us work together loyally and unselfishly; and yet you must, if you wish to keep up the standard of the schools. There should be a journal devoted to the interests of the alumnae throughout the country, and it should be taken by every member, and so well supported that it may be really useful. Every profession or trade which amounts to anything has at least one of these technical journals, and some of them are excellent. I do not mean a scrappy little paper, made up of cuttings from medical magazines and articles by young persons who have the terrible talent of writing easily, but a well-edited and responsible 'organ,' to use the newspaper word. Every school in this country should report its commencements in it and the number of its graduates; every nurse who has a case requiring peculiar care should report it, carefully concealing the identity of the patient; good articles by competent writers on subjects of interest to the profession should be published, and news given of nurses who may be working in other parts of the world. To give you an idea of how much such a publication is needed, I have found it impossible to ascertain how many graduate nurses there are now in the United States or even the number of training-schools, nor can I find out where to apply for English or American trained nurses in case I should be taken ill in any European city where they have an agency.

"To conduct such a journal properly will cost at least two thousand five hundred dollars a year, and if that should be too small a sum, a sufficient one can easily be raised, and you should see that it is forthcoming, and not for one year only, but as a steady subscription. A man is supposed to attain years of discretion, if he is ever to have any, when he is five-and-twenty, and your profession is already older than that in this country. It is high time that you should all work together as a whole, forgetting any little rivalries which may have existed between one school and another, and making one body united for the common good. That is the only way in which you can keep your calling on the high plane to which you have raised it.

"If I have taken too long, please forgive me, and forgive me also that I have spoken of professional matters. My excuse is that I have a great interest in you all, and if I have told you only what you knew already, you may remember the old saying about outsiders, that 'Bachelor's wives and old maids' bairns are always the best guided.'"

The president then made her annual address, Miss Barnard, first vice-president, in the chair.

On motion, unanimous votes of thanks were extended to Dr. Greer and to Mrs. Cadwalader Jones.

The president announced that the next day's session would be called at ten A.M. The meeting then adjourned to banquet-room, where tea was served by the Committee on Arrangements.

Second Day—Friday, May 4, 1900.

The association was called to order at ten A.M. by the president.

After the roll-call the annual report of the secretary, Miss Thornton, was read and accepted.

The secretary then read a summary of the meetings of the Executive Committee during the year.

REPORT OF EXECUTIVE COMMITTEE FOR 1899-1900.

"Four meetings have been held during the year; at these meetings topics for papers and discussions were selected and assigned.

"The secretary was instructed to write to the Canadian societies relative to the dropping of Canada, explaining that it was found to be necessary for incorporation proceedings, and to send them copies of first and second annual reports and invite them to become visiting members. She was also instructed to make out a complimentary list, and to place thereon honorary members, Canadian societies, and editors of nursing journals, and to each send a copy of the annual report.

"The association was invited to meet in Toledo in 1901, but was obliged to decline, as an invitation had already been accepted to meet in Buffalo.

"It was decided that the societies should be asked not to send superintendents as delegates, because many of them were charter members and would attend the convention at any rate, and by appointing delegates from among the graduates a larger representation would be secured, a wider range of discussion assured, more interest among graduated nurses aroused, and more responsibility be assumed by them. The committee decided only to print lists of new members this year to save expense.

"Application blanks were sent out, upon request, to twenty-six alumnae associations. Of those the following were returned and passed upon: Erie County, of Buffalo; Massachusetts Homœopathic, of Boston; Methodist Episcopal, of Brooklyn; the Roosevelt, of New York, and St. Luke's, of New York, and have been admitted to full membership.

"The following were admitted to associate membership: The Henry W. Bishop; Third Memorial, of Pittsfield, Massachusetts; the New England Hospital for Women and Children, of Roxbury, Massachusetts, and the Old Dominion, of Richmond, Virginia."

Correspondence was then taken up. The secretary read the letter from the secretary of the Alice Fisher Alumnae of Philadelphia, announcing the resignation of that society, which was accepted. The general correspondence of the year included a letter from Miss Margaret Breay, honorary secretary of the Provisional Committee of the International Council of Nurses, asking that the draft constitution of the council be brought before the convention and inviting dis-

The report of the treasurer, Miss Tamar E. Healy, was read and referred to the auditor.

TAMAR E. HEALY, treasurer, in account with the Nurses' Associated Alumnae of the United States,
April 27, 1899, to April 27, 1900.

RECEIPTS.

To balance on hand April 27, 1899.....	\$25 00
Initiation fees.....	171 90
Annual dues.....	43 80
Annual dues (in advance for 1900).....	2 50
Sale of First Annual Reports.....	249 10
Sale of Second Annual Reports.....	1 22
Interest on bank account.....	

\$65 09
483 52

DISBURSEMENTS.

Rent of Rooms for Second Annual Convention.....	\$35 00
Expenses of president incurred in attending special, also Executive Committee meetings.....	30 45
Expenses of first vice-president.....	10 00
Secretary, for incidental expenses and stamps.....	16 98
Treasurer, for stamps, stationery, and tax upon out-of-town checks.....	6 20
Expenses of Arrangement Committee.....	5 89
Engraved stationery.....	7 05
Printing and stamps for Census Committee.....	8 02
Stenographer for copying and type writing proceedings of Second Annual Convention.....	32 75
Printing of Second Annual Reports.....	265 00
Typewriting for division of expense.....	4 00
Interest on loan.....	4 00
Auditing books.....	2 00

Balance on hand April 27, 1900.....

\$588 61

\$427 34
161 27
\$588 61

Audited and found correct May 9, 1900, by
Byron Horton, 101 E. 23d St.,
New York.

cussion thereon, in order that the constitution might be thoroughly representative and prove useful to nurses of all nations.

The president asked Miss Dock, a member of the Provisional Committee, to speak upon the formation of the International Council of Nurses and upon the question of the Associated Alumnae joining the National Council of Women. Miss Dock said she thought the subject would be made clearer if she read extracts from a letter written by Mrs. May Wright Sewall, president of the International Council of Women, on the subject.

"... these various organizations all seem to have a distinct and fine work before them; but all of these seem to me to legitimately belong to a national nurses' society; and while, if there should be a national organization of superintendents and another national organization of normal students, etc., etc., each one of them, if national, would be eligible to membership in the National Council of Women of the United States. I feel that the entire profession would be stronger if all of these should be regarded merely as parts of your National Society of Nurses, and should come into the council through having your National Society of Nurses enter the council. Moreover, this would be much cheaper. The triennial fee of the societies in the National Council is one hundred dollars. To have that paid by your society as a whole would certainly be much less expensive to your profession than to have the same fee paid by many different national societies of nurses, each one covering a certain phase of the work.

"Let me try to emphasize the fact that there is no possibility of any organization which belongs to the National Council becoming subordinated by the National Council. Every society retains its full integral identity. It is in no way obstructed or directed in the execution of its own work; it simply has, through its affiliation with the council, the greatest possible opportunity of making its work known among women workers of all classes, and thus of augmenting its own numbers and strengthening its position in dignity and influence. . . . Any State society must be stronger if made up of local groups rather than of individual members. . . ."

Miss Dock then gave an account of what was done in London last summer in organizing the International Council of Nurses.

The president asked Miss Dock if a society could join the International Council of Nurses without joining the National Council of Women.

Miss Dock.—Of a logical necessity they hang together, as one includes the other. We can only share in the quinquennial, where our International Council of Nurses will meet, by belonging to the National Council of our country.

The president asked whether it was likely that the Society of Superintendents would be willing to affiliate with this alumnae joining the National Council of Women.

Miss Dock said that while no action on this point had been taken in the Superintendents' Society, that such affiliation had been spoken of. However, it had not been known how the alumnae would regard such a proposition.

Miss Barnard said it would not increase the expense a great deal.

The president said it would add to the expense.

Miss Breeze said the expense would be less to join as a large body than as a small body.

Miss Barnard said a more important point was to get the State Associations started, as they were of more importance than joining a large body like this. When the State Associations were once started that it would be wise to take up the other.

Miss Dock said that would take five or six years, and it would not be well to wait so long.

Miss Ross asked what the expense would be.

The president said the expense would be about fifteen or twenty dollars, and that the expense could be met from the regular dues without any extra assessment.

Miss Hackett said inasmuch as the added influence to be gained by an affiliation would be so great, the expense was well worth it.

Miss Thornton said the fact of having representatives going every five years to the conventions of the International Council of Women was of such vast importance that there should be no delay in joining.

After some further discussion Miss Dock suggested that the matter be left open for a year to allow the delegates time to communicate with their associations.

The president explained that the delegates had come invested by their alumnae with power to act as they thought best in regard to the question.

The president asked what the usual custom was in regard to delegates' expenses being paid.

Miss Dock said that there did not seem to be any fixed custom. Definite procedure had not been agreed upon; some delegates had their expenses paid, some paid them themselves. If the delegate intended to go abroad at that time anyhow, she paid her own expenses; if, on the other hand, a certain delegate was chosen to go and it was thought best for that one to go, and she could not afford to pay her expenses, then the society paid them.

A delegate asked if the National Federation of Women's Clubs belonged to the National Council of Women.

Miss Dock said she believed not.

Miss Breeze moved that a committee of five or six members be appointed by the chair to consider and report on this matter.

The motion was carried and the following committee appointed, with Miss Breeze as chairman: Miss Dock, of Bellevue; Miss Graham, of New York Post-Graduate; Miss Brobson, of University of Pennsylvania, and Miss Thornton, of Farrand.

The executive session adjourned at 11.15 A.M. and the general meeting was held.

The proceedings were opened by Miss Dock with a paper entitled "What Benefit will the Associated Alumnae be to me?" The discussion was to have been opened by Miss Tippet, but that lady not being present, Miss Hackett followed with her discussion.

Miss Maxwell, the chairman of the Committee of Arrangements, then reported as follows:

"The Committee on Arrangements beg leave to report that the rooms in the Academy of Medicine were secured at ten dollars per day. One hundred and twenty-five invitations were sent to friends interested in our work in New York and vicinity, and a 'tea' was given by the members of the committee to welcome and introduce the delegates. Entertainment for delegates was offered by Miss Rhodes, Miss Woolley, Miss Starr, and Mrs. Bowling, of the Bellevue Hospital Alumnae; Mrs. Simons, of the New York Hospital Alumnae, at the Sloan Hospital; Miss Twitchell, of the New York Hospital Alumnae, at the Smith Infirmary, Staten Island; Miss Thornton, of the Post-Graduate Hospital Alumnae, at the Club-House, and Miss Rykert, at the Post-Graduate Hospital; Dr. Tompkins, of St. Luke's Hospital Alumnae; Miss Burns, of the Roosevelt Hospital Alumnae; the Presbyterian Hospital Alumnae, and the Presbyterian Hospital.

Social entertainments were proffered the delegates, but these had to be declined on account of the length of the programme."

The committee also stated that at the Women's Exchange a lunch would be prepared and served at half-past twelve or a little earlier.

The president requested the delegates to occupy the seats on the left-hand side facing the platform, and the permanent members the two front seats on the right-hand side, and the visitors the remaining seats on the right-hand side.

The president then called attention to page 20 of the constitution on the subject of the Nominating Committee, and asked the members to form such a committee.

The meeting adjourned until two o'clock P.M.

Friday, May 9, 1900.

The convention reassembled at two P.M. The president stated that the first half-hour of the afternoon session would be devoted to the hearing and discussion of reports.

The annual report of the Printing Committee was read as follows:

"The second annual report of this association was printed in Cleveland, Ohio, last spring, and distributed among our members early in the summer. Much gratitude is due to our president, Mrs. Isabel Hampton Robb, for personally supervising the work.

"There were two thousand five hundred copies printed, of one hundred and thirty-two pages each, at a total cost of two hundred and sixty-five dollars, making each copy cost within a fraction of ten cents.

"A more satisfactory method of distribution was adopted for the past year; that is, a report for each member of each alumnae was sent in bulk direct from the printers to that individual alumnae, thereby greatly lessening expenses and work of addressing.

"A critic has said that each year our reports grow more pretentious. I call your attention to the fact that this must be the case or it could not contain the records of our progress.

"SARAH R. JENNINGS, Chairman."

Miss Dock, chairman of the Committee on Incorporation, made an oral report as follows:

"Owing to the fact that the name of our association has not been decided upon, nothing has been done by your committee as to incorporation of the association. The incorporation is a very simple process and will not take a very long time. I have made inquiries of different organized societies, and I find that there is not much difference between the different States,—very little more advantage in one State than in another. It will not take any time to effect the incorporation, but owing to the pending change in the constitution, nothing has been done as yet."

The report of the Committee for Condensing the Reports of the Local Alumnae Associations was read by the secretary, Miss Thornton:

"The committee beg to submit the following:

"Twenty-three alumnae associations have been heard from. Of these, the largest has a membership of two hundred and forty-seven, the next in size numbers one hundred and ninety-two, and the next one hundred and fifty-two. The remainder are less than one hundred and fifty; six only are above one hundred. Nine report increase in membership, the greatest being St. Luke's, Chicago, thirty-three having been added during the year. All report regular business meetings, with the exception of four. A large proportion have held educational

CONDENSED REPORT OF LOCAL ALUMNÆ ASSOCIATIONS.

NAME.	Membership.	New Members.	Meetings held.	Purpose of Meetings.	Loss of members by death.	Loss of memb's by resignation.	REMARKS.
Belleuve Hospital.....	142	19	Monthly.....	Educational and business.	3	1	Weekly lectures during winter.
Boston City Hospital.....	132	3	Four.....	Business and social.....	1	1	Association engaged in caring for and visiting sick members. Fund accumulating to endow a free bed for the members when ill.
Brooklyn City Hospital.....	5	5	Monthly.....	Educational and social.....			Society on good financial basis.
Barred Training School.....	121		Five.....	Educational and business			Directory cards issued in January stated an increase in charges.
Garrick Memorial Hospital.....	37		Monthly.....	Educational and business	1		Average attendance at meetings, twenty. Framed a code of ethics, organized a system of professional study; established a sick fund.
Illinois Training School.....			Monthly.....	Educational, business, and social.....			Furnishes a printed monthly report, which has the form of a news letter.
Johns Hopkins Hospital.....	192		Quarterly.....				Club-house furnished by general fund and gift, also scholarship established for Hospital Economics in Teachers' College. Visiting nursing inaugurated under its auspices. Much interested in proposed Magazine of the National Alumne Association, and have purchased one of stock.
Baltimore.....							Lectures by physicians.
Maine General Hospital.....	29		Monthly.....	Educational.....			Class in parliamentary law taught by Mrs. Shattuck.
Massachusetts General Hospital.....	108	18	Three business. Ten instructive.....	Business and educational.			Lectures by physicians.
Michael Reese Hospital, Chicago.....	49		Monthly.....	Business and educational.	1		Two shares in Magazine and one hundred and seventy-nine subscribers to Magazine guaranteed. gave course in "Elementary Nursing," pronounced it a success. Established a fund. United with three other alumne associations for lectures.
Ives Hospital, New York.....	65	1	One.....	Business.....			Lectures.
New York Hospital.....	217	27	Nine. Weekly lectures through four winter months.....	Business, educational, and social.....			Registry rules revised. Lectures given by hospital staff.
Peterson General Hospital, Pennsylvania.....	37	8		Business and educational.			Course of study proposed by Association Alumne taken up. Held, in connection with two other associations, six lectures per month.
Philadelphia Freshwater Hospital.....	81		Monthly.....	Business and educational.			Studies suggested by Association Alumne. United with two other schools in holding course of six lectures a month.
Rochester City Hospital.....	67	11	Quarterly.....	Business and social.....	1	A few	United with other associations to form a county association for the purpose of securing needed legislation. Publishes a monthly paper. Has established a Sick Relief Fund.
St. Luke's Hospital, Chicago.....	136	33	Eleven.....	Business and educational.			United with two other schools in holding six lectures a month.
University of Pennsylvania Hospital, Philadelphia.....	103	7	Monthly. Lectures twice a month through winter.....	Business and educational.			Supports a club-house. Sick benefit fund. Interested in Army Bill.
Maryland University, T. S. Alumne.....	44		Two.....	Business and social.....			Open registry.
New York Alumne Hospital, T. S. Alumne.....	97		Monthly.....	Business and social.....			United with three other alumne associations for study course. Lectures given each week. Fair and a New England supper given at different times during year to aid in completing club-house work.

and social meetings also. One has increased its sick fund by giving a course in 'Elementary Nursing.' Some have united with other associations in lectures, thus accomplishing more than could have been done alone.

"We subjoin the condensed reports, and beg for lenient judgment if the figures and records are not perfectly correct, because the reports, some of them, at least, were so indefinitely expressed that we may have misunderstood the meaning, although we endeavored to be accurate.

"Should the association wish a similar condensed report another year, we would suggest that a blank form be sent to each secretary to fill. This would greatly simplify the work of all.

"A. O. TIPPET."

The president stated that there had been some question as to the advisability of continuing these reports from several alumnae associations, and she hoped that the convention would discuss the matter and give expression to its opinion. Miss Ross, of Johns Hopkins University, moved that the reports be continued. Miss Davenport, of Philadelphia, said she thought the reports were not only interesting but instructive, and she seconded the motion that they be continued for another year. The motion was carried.

The report of the Committee on Periodicals was asked for. Miss Davis, the chairman, read the report as follows:

agn "The Committee on Ways and Means of Publishing a Magazine has the honor to submit the following report:

"From the numerous 'ways' four were selected to work from.

"First: To put the magazine into the hands of a reliable, widely known, well-established publishing company, who would print, bind, proof-read, mail, and copyright in a manner that would not be one whit below that of the standard magazines of the day, and in addition would furnish a business manager perfectly familiar with all details of the work, such as soliciting advertisements, canvassing subscriptions, etc.—in fact, attending to all duties outside those assumed by the editor and staff.

"Second: To make a contract with a printing company who would agree only to print, who would not assume any other of the details, or if it did, would not guarantee the manner and promptness of its performance, as it could have no control over firms doing work outside its direct line of binders, mailers, etc.

"Third: To allow a business firm that has a large printing plant of its own to issue it who would be willing to assume all the labor in return for the revenue accruing from the advertising pages.

"Fourth: To join forces with some kindred or educational magazine about to be put or already on the market.

"The cost of issuing by the first two methods when summed up and averaged will not differ materially, being approximately three thousand six hundred dollars per annum for a monthly issue of two thousand five hundred copies.

"The means—First, subscriptions; second, advertisements; third, joint stock company.

"When the committee had obtained the foregoing information, it became necessary, in order to prove the feasibility of the first-named scheme, for it to have some assurance that subscriptions would be forthcoming, and in view of that there were printed and distributed five thousand copies of the circular with which you are familiar, and two hundred copies of a proposed outline.

"The returns from this procedure are in the neighborhood of five hundred and fifty cash subscriptions with 'encouraging promises' as soon as the scheme becomes a reality.

"From a publishing house the information has been obtained that we may depend on advertisements to about the sum of one thousand dollars net per annum, provided the subscription list amounts to not less than fifteen hundred, first issue.

"Fearing that the first two 'means' would not furnish sufficient funds for incidental expenses and to carry on the work with a rational guarantee against failure, the third method in conjunction with the other two was resorted to.

"A joint stock company has been formed, limited, with shares, par value one hundred dollars, selling at par. As a result, a guarantee of the sale of twenty-four shares has been obtained.

"The amount of cash at the present available therefor is about three thousand four hundred dollars, which, in the estimation of the committee, is a sufficient amount to warrant arrangements being made for an early issue of the magazine.

"The committee think it may be interesting to give a synopsis of the work done in connection with this enterprise, so that some idea may be formed of what it means to take even the preliminary steps.

"The chairman, having accepted the appointment, made a trip from Boston to Philadelphia to meet the president of this association, to have the work formally turned over to her, the president heretofore having assumed the duties. Together they interviewed a publishing house that kindly gave them a certain amount of information on which to base their estimates.

"A meeting of the committee was called in New York in January, 1900, Mrs. Robb, Miss Palmer, and the chairman being present. Various questions were discussed and a plan of work formulated.

"Another meeting (informal) was held in Boston in the same month, to which all nurses were invited.

"It became evident to the committee and others that in order to reach the members of the profession, to acquaint them with the movement, and to interest them in helping on with the work, quite a sum of money would be needed to pay for printing, postage, and stationery. Accordingly, at the meeting in Boston forty-one dollars were handed over to the chairman to be expended for that purpose. Not by the most penurious economy could the expenditure be kept within that limit.

"The chairman has written above three hundred personal letters, not counting answers to questions, and when to those two items are added the receipts for moneys, the listing of names, etc., you can easily see that it would have been almost impossible for any one actively engaged to have accomplished with such a small expenditure of money and nervous force the present substantial results.

"Miss Stevenson undertook to write to all the Canadian hospitals of which she had knowledge. We have several subscriptions from Canada, which are doubtless the result of her effort.

"The other members of the committee assisted in the distribution of the circulars, spurred their schools and alumnae to take hold of the movement so that all this work and expenditure might not go for naught, sending also estimates from printers, etc., and greatly encouraging and cheering the chairman when inclined to be discouraged by the difficulties that thickened more and more as we proceeded, and threatened often to swamp the frail craft. I may add here that but two communications that could in any way be considered discouraging were received, both within the profession.

"The committee would feel honored if in this connection it were allowed to make one or two suggestions independently of the official report. Taking into consideration the fact of the immense amount of detail with which we as individuals are unfamiliar, and the high class of work which we demand, it seems absolutely necessary that this work should be put into hands competent to carry it through from beginning to end, with the least possible cost for the greatest amount of labor and perfection of execution, thereby relieving the editor and staff, who are doing all this work gratuitously, from a great expenditure of nervous force that might interfere with the excellence we are aiming to obtain, thereby causing shipwreck. It therefore suggests that the work be given to a publishing company.

"Also, being well aware that it has exceeded the bounds of its duty in asking for subscriptions and forming a joint stock company, the work would have been most rudimentary without such action, as the case was urgent and would not admit of delay till another year, therefore this committee suggests that it be given power to act."

Miss Vreeland asked for information concerning the subscriptions and the joint stock company proposed for the support of the magazine.

Miss Davis replied that they had five hundred and fifty subscriptions at two dollars each and a joint stock company with shares of one hundred dollars each.

MISS VREELAND.—So I understand that the publication of the magazine has been given to a publishing firm?

MISS DAVIS.—We have no power to do that. We have exceeded our power in doing what we have done, and we ask now for power to act in making a selection.

Miss Brobson, of the University of Pennsylvania, moved that the committee be given power to go right ahead.

Miss Steele seconded the motion.

Miss Hitchcock offered the following as a substitute for Miss Brobson's motion, which was accepted:

"In view of the fact that continual business management will be needed in the conduct of the magazine for some time to come, I move that the present committee be reappointed as a standing committee with power to act until such time as their services can be safely dispensed with."

The motion was seconded and unanimously carried.

Miss Gannon, of Garfield Memorial, offered a vote of thanks to Miss Davis and her committee for the untiring energy and zeal they had shown in the discharge of their duties. Carried.

Miss McIsaacs said: "It seems to me that it is very important that the alumnae should follow the lead of the Johns Hopkins and take stock in this joint stock company. It does seem that in all large societies it would not be difficult to raise quite a sum. Five dollars is not a very great amount to risk, even if it is not a success, while from Miss Davis's report there is every evidence that it will be a great success."

Miss Palmer said that the Alumnae Association of the Rochester City Hospital had raised the amount necessary in a very few minutes. One said twenty-five dollars, another said ten dollars, another five dollars, and the hundred dollars was made up without any urging. The alumnae associations only need to have the matter brought before them to have the same enthusiastic belief in the success of the magazine which the committee feel.

MISS BARNARD.—How is the stock company going to manage its affairs? If we keep it within certain limits we can, perhaps, manage it ourselves without incorporating it, but if we allow it to get too large we will have to incorporate it. We thought we would make the shares large and limit subscriptions to a certain amount and keep it within ourselves.

MISS DAVIS.—No one fears that they will lose their hundred dollars, and they may get good dividends if properly managed.

Miss Breeze, of Illinois, from the committee appointed to report on whether this association should join the National Council of Women, stated that the committee had been unable to hold a meeting and asked for further time, which was granted.

The convention then adjourned to meet at ten o'clock A.M. to-morrow, Saturday, May 5, 1900.

Saturday, May 5, 1900.

The convention was called to order by the president at ten o'clock A.M.

Reports from committees being in order, Miss Damer, from the Educational Committee, submitted the following report, which was accepted:

"TO THE NATIONAL ASSOCIATED ALUMNÆ:

"Your Committee on the Course of Study beg to report that the following course was suggested to the alumnae associations to be adopted in whole or in part, according to their discretion

"1. Parliamentary Law.

"2. Ethics.

"3. Bacteriology and Hygiene.

"4. Practical Nursing Subjects, with suggestions as to topics under these four general heads.

"Sixteen associations reported as having followed the course or as having arranged their own on the same lines, viz.: Michael Keese, New York; Garfield, Maine General, University of Pennsylvania, Rhode Island, Presbyterian, New York; Illinois, Pennsylvania, Post-Graduate, St. Luke's, Chicago; Bellevue, Rochester City, Farrand, and Presbyterian, Philadelphia.

"No reports were received from Johns Hopkins, Boston City, Massachusetts General, Long Island College, Brooklyn, Homeopathic University of Maryland, and Paterson General.

"The following associations reported as having followed no course of study whatever during the winter: Brooklyn City, St. Mary's, Brooklyn, and St. Josephs, Paterson.

"The committee has found that as a course of study involving special work by the members it has proved impracticable, therefore lectures on the subjects selected were arranged for in New York and Philadelphia, the local associations combined in the former place holding weekly meetings for four months, in the latter monthly during the winter. This plan was considered eminently successful, as many as eighty members being present at a time. In many places where there is only one association, graduates of other schools were invited to attend the lectures.

"All the associations are unanimous in their expressions of appreciation of the interest shown by the lecturers and the willingness with which they gave their time and services towards making the plan successful.

"Respectfully submitted,

"ANNIE DAMER, Chairman."

Miss Damer said that the committee had asked for suggestions bearing upon their work from all the alumnae. They had received suggestions for three courses for next year. In two they confined themselves to nursing subjects and in the other they incorporated literary subjects. The committee had really gained very little information in that way, and she thought if questions were asked and answered by the delegations present more light would be thrown upon the subject.

Miss Barnard in the chair while the president took the floor.

THE PRESIDENT.—This committee was only appointed last year to see what could be accomplished along study lines. They have done far better than we could have hoped for. As the formation of such a committee was only suggested last year, Miss Damer had a great deal of correspondence before she could get the committee appointed. She had, therefore, very little time and opportunity to place the proposed work before the several alumnae societies, and in view of these facts the results attained have been remarkably successful. It rests with you whether you desire to have this committee continued for another year. I would like to hear a general discussion on the subject.

MISS BREEZE.—I move that the Committee on Education be continued in office to carry on the work they have inaugurated for another year.

THE PRESIDENT.—Do you mean the same committee?

MISS BREEZE.—The same committee will be highly satisfactory.

MISS DAMER.—I am really unable to remain on the committee for another

year. I have so much work in my own association that I cannot undertake any further responsibilities. If it is decided by the convention to continue the same committee, I would suggest the name of Miss Stone, of the Presbyterian Hospital, New York, as chairman of the committee.

Miss Breeze's motion to continue the Committee on Education in office for another year was then adopted, and, on motion of Miss Damer, Miss Stone, of the Presbyterian Hospital of New York, was appointed chairman.

Miss Breeze, chairman of the Committee on Affiliation with the National Council of Women, said that the committee had had a meeting yesterday afternoon and had drawn up the following resolutions, which they begged to submit for the consideration of the convention:

"WHEREAS, The Nurses' Associated Alumnae of the United States and the American Society of Superintendents of Training-Schools for Nurses, having each under favorable consideration the step of entering the National Council of Women of the United States; and

"WHEREAS, The suggestion made by Mrs. Sewall, that the organized bodies of nurses in the United States could affiliate together and enter the National Council of Women under some such title as 'The National Council of Nurses' or 'Council of American Nurses,' having been favorably considered by both bodies;

"Resolved, That the Associated Alumnae of the United States and the American Society of Superintendents do affiliate under the title 'American Council of Nurses,' and apply for membership in the National Council of Women under this title,—it being understood that other bodies of nurses nationally organized are eligible to affiliate with the 'American Council of Nurses' for the purpose of sharing this membership in the National Council of Women. It shall be understood that this affiliation does in no way interfere with the constitution or special objects of any affiliating society;

"Resolved, further, That each society thus affiliating shall appoint two (2) of its members, all of whom together shall choose one member at large, and that these members appoint their own chairman and constitute an Executive Board to carry on all relations with the National Council of Women, and shall give a yearly report of same to each society affiliated under the title 'American Council of Nurses.'"

Miss Carr moved that the resolutions submitted by the committee be adopted and that the committee members from the Nurses' Associated Alumnae be appointed by the chair. Carried.

The report of the Committee on Division of Expenses was next called for.

Miss Barnard, as chairman of that committee, said: "So far as our committee is concerned, I cannot say that we have worked much together. At the beginning I saw some and wrote to others and asked for plans and suggestions. I received suggestions from one or two members of the committee, but soon found that the work was of such a nature that the committee could not very well work together, so I am afraid I shall have to bear the responsibility of the whole thing myself. I should like to refer to the printed report of last year, where you will find the reason why we undertook this work. The primary object was not so much a division of expenses as to provide means for securing the attendance of all the delegates from the several alumnae societies instead of one delegate from each association with power of proxy. Then you may remember, if you read the report, that it was only to be experimental for one year. Next year I think you will find the opportunity to try the other method. This plan could not be carried out if we met in different cities each year. Of course, there are advantages on both sides of the question. There are a great many advantages in the plan of meeting in different cities. I think we will probably have less delegates,

but we will have a large local attendance. Whether that would be as representative a body of people to discuss national questions can only be decided by testing the subject by holding the meetings in that way. As to the work accomplished by our committee, I have not prepared a written report, because you all have received the letters and statements and have had the workings of the plan explained to you. We were sorry to have to ask you to pay in this money to create the fund, but were very much pleased with the prompt manner in which you met the call. I think I have no report to make except to ask you to fully discuss the methods employed. Let us hear how you individually feel, as delegates, as to the advantage of being here,—the advantage of having present the whole number of delegates from an association,—the advantage to the association and to the delegates in having this larger opportunity for conference. Our object was to get the delegates here. It is for you to decide whether the system is advantageous and whether it shall be continued. We are entitled to fifty delegates this year and forty-eight are registered."

THE PRESIDENT.—Last year we had thirty-six, thus showing an increase of twelve.

MISS BARNARD.—We were entitled to fifty before we had our new members come in this year.

MISS BROBSON.—The question is whether it is better for us to meet always in New York City or to meet in different cities each year. If we meet here, of course this plan enables a much larger number of delegates from far-away places to be present than where each association pays the expenses of its own delegates. But it seems to me that in carrying on our work enthusiasm counts for so much that we ought to meet in different cities in order to come into direct touch with the local societies all over the country. I think we ought to meet in Philadelphia some time. I think it will be improving in every way to see what is being done at these meetings.

THE PRESIDENT.—I think the understanding was to make New York our head-quarters, because if we move about from place to place it will be impossible to pool the expenses. Each alumnae association would have to meet its own expenses. Next year we meet in Buffalo, and according to Miss Barnard's report it will be impossible to pool expenses next year. Possibly it will be better to leave the question of whether we shall meet in New York continually until after the meeting next year. I only suggest this in order to save time.

MISS BARNARD.—I think there is no necessity to make a decision to-day. Next year you will have the opportunity of trying other methods, and will have the benefit of that experience to guide you.

THE PRESIDENT.—While I do not consider it important that a decision on this subject be made now, yet I want to advise you to discuss the matter fully this year, so that your delegates will understand the true situation when they come to the meeting next year.

MISS BARNARD.—So far as the work of this method is concerned, we simply get the prices of the railroad and Pullman tickets and allow for expenses in the city. We have obtained reduced rates over all the roads, even with the New York Central, where the rate is high, the reduction is as much as between eighteen and twenty-four dollars. The New York associations entertaining the delegates will be more than an offset to the withdrawal of the Philadelphia association.

MISS BREEZE.—A number of delegates would like to know why it would be impossible to pool expenses if we meet in different cities.

MISS BARNARD.—I do not mean to say that it would be absolutely impossible, but it would be highly impractical and complicated. We would have to employ an expert railroad man to work out the problem for us, and we would probably have to pay him for doing it.

MISS RHODES.—We appreciate very highly the privilege of being able to send all our delegates here in New York.

MISS BARNARD.—I think it would be quite impossible to send a full delegation from Chicago, for example, except by the plan of pooling expenses. I think the expense of sending one delegate is nearly seventy-five dollars.

The question was asked what proportion of this expense is shared by the New York delegates.

MISS BARNARD.—The proportion is exactly the same in New York and Chicago. New York paid the same, exactly, as Chicago this year.

MISS RHODES.—How many delegates are here from New York? Is not the proportion of delegates larger from New York?

MISS BARNARD.—There are sixteen from New York, including Brooklyn.

THE PRESIDENT.—All those who feel satisfied with the work of the Committee on Division of Expenses this year will please signify that satisfaction by standing.

The response was a unanimous vote expressive of the satisfaction of the convention with the work of the committee.

MISS BARNARD.—I was fearful that you might not be satisfied, as the work was merely experimental.

MISS DAMER.—We are not dissatisfied with the report of the committee, but some of us are dissatisfied with the plan. We feel that it is a very great drain on the individual associations to pay in this amount yearly. We think we ought to be represented, but we do not feel that we can afford it. We might send one delegate,—we are sending more now because we are paying for it. We are paying in this year sixty-four dollars, and each year we will have to pay the same amount or more. We feel if we continue this plan we will have nothing left for our local and other expenses.

MISS BARNARD.—Of course, if we meet in near-by cities, such as Philadelphia or Boston, the pooling system would be more expensive for you, but if we should meet in Chicago or other Western cities it would cost you more to send one delegate. The president has suggested that you discuss this matter with your alumnae during the year, because when you send your delegates to Buffalo next year there will be no pooling of expenses, and the question will be brought up there for decision.

MISS RHODES.—It does not seem to be thoroughly understood how the rate of taxation for membership is fixed,—why the tax is ten cents each.

THE PRESIDENT.—As I understand Miss Rhodes's question, she desires to know why the tax is fixed at the amount of ten cents per capita for membership in the Associated Alumnae.

MISS HEALY, treasurer.—If you will turn to your constitution, under the head of "Dues and Fines," page 21, you will find the following:

"SEC. 1. Each and every alumnae association joining the Nurses' Associated Alumnae of the United States and Canada shall pay an initiation fee of five dollars (\$5) for every fifty members, and five dollars (\$5) for every additional fraction of more than half that number. Alumnae associations of less than fifty mem-

bers shall pay five dollars. This fee shall be paid by the treasurer of each alumnae association within one month after admission into this association.

"SEC. 2. This initiation fee shall include annual dues for the first year. Annual dues thereafter to be fixed yearly by this association (Executive Committee). Annual dues shall be paid to the treasurer at the annual meeting."

This amount has been fixed each year by the association, and they thought it simpler just to tax each member ten cents than to pay it from the general fund. Thus an association with ninety-five members pays nine dollars and fifty cents, and an association of seventeen pays one dollar and seventy cents.

The Sectional and Census Committees did not report any progress over last year.

THE PRESIDENT.—We come now to a consideration of the amendments to the constitution read last year at the annual meeting and sent three months ago to each alumnae. The secretary will please read the amendments.

The secretary, Miss Thornton, read as follows:

"Article I. Amend by striking out the words 'and Canada.'"

A vote was taken and the amendment was adopted.

"Article III. Amend by striking out the following clause: 'If not less than one hundred beds.'"

A vote was taken and the amendment was adopted.

"The next amendment is to Article IV. Amend by inserting in the first phrase following the word 'Active,' the word 'Associate,'

"Alter the second phrase to read thus: 'Active membership shall consist of delegates duly elected to represent alumnae associations of general hospitals, giving not less than two full years of training in the hospital of all officers of the association and of all charter members.

"Associate membership shall consist of duly elected delegates representing alumnae associations of small general hospitals whose superintendents are eligible for membership in the American Society of Superintendents of Training-Schools.

"That all articles or by-laws not in conformity with these amendments be amended to agree with them."

THE PRESIDENT.—There is also an amendment to that amendment to Article IV. which shall provide that, besides alumnae associations other than local organizations or societies of nurses may be admitted to full membership on the condition that these societies have the same requirements for admission as the National Alumnae, viz.: two full years of training in a general hospital. It is in order to vote upon the amendment to the amendment first.

MISS BARNARD.—I wish the convention to consider this very carefully before the delegates vote. We are very much interested in State federation. There are a great many excellent members we are anxious to have in the association who are not members of alumnae associations. If we admit them, however, into full membership we will have to undo all that we have done, working on alumnae lines. Before we vote, would it not be better to hear from the other body as to what they want to do?

MISS DAMER.—Our society is one of the societies meant. The Buffalo Nurses' Association organized five years ago, taking in all graduated nurses in the city from small and large schools. A year ago the constitution was altered, and now we only take in graduates of schools having fifty beds and giving the full two-years hospital training. We feel the necessity for State organization for legislative purposes. As to how we shall organize so as not to conflict with the National

Association and not conflict with what we are planning has been a problem. We fear that if we organize entirely on *alumnæ* lines that the whole of the representation will come from one city in the State and will not be a general representation. We have two or three *alumnæ* associations in the western part of the city of Buffalo connected with the National Society now, and whether to add to those associations in Buffalo or have our own local association and affiliate with the National Association is a problem which has caused us much thought. We are in sympathy, and we all want to work together and do not want to split up our body. But if we organize in New York State we think we ought to organize as we think best. The conditions may be different in different States. We would organize for our own needs and then affiliate in some way with the National Association. We think the State association should be an independent body, but affiliate with the national organization, taking in the *alumnæ* associations, or forming a county society or local society where there are a number of them. In New York, where the city and county are the same, I suppose it would take in all the associations here. In Erie County I think all the schools are in the city of Buffalo and very few nurses practising outside of the city. Go a little farther west, and in Chautauqua County there are three or four towns with small schools, and the nurses practising there might unite in forming a small society. I do not think we would want our local association to go into the national organization on any other basis than that of active membership. We feel that we are doing as good work as the *alumnæ* associations are, and if we go in we want to go in on terms of equality.

MISS PALMER.—When we come to organize a State society, the principal motive being to influence legislation, we take an entirely new departure from the motives actuating us in the organization of our associations for educational and social purposes. We go before the Legislature as citizens of the State, not as graduates of any one particular school. The nurses of the State who hold diplomas from reputable schools would certainly have a right to representation in a State society; otherwise we would build up, in the beginning, a political opposition which would prevent our passing any law in any State in the Union. The first qualification is citizenship, not school qualification. In regard to the county society we have organized in Rochester, and I think we are the pioneers among county societies, our principal motive has been to assist in the organization of a State society. We have not marked out any definite lines and we have not considered the question whether we wish to affiliate with the National Society or not. We have organized purely for State purposes. The *Alumnæ* Associations of the Rochester City Hospital and the Homeopathic School united in issuing a call to the nurses of Monroe County to come together and organize a county society, and in that first meeting there were represented eight schools from different parts of the county. A number of active working nurses in that community, Miss Allerton, Miss Smart, my sister, and myself, occupying important positions in the western part of the State, are not New York women, and because of that fact we have absolutely no representation in the affairs of the State in any way. Any nurse who lives away from her *alumnæ* association is specially interested in the organization of these county societies. We feel that it is important that we have a voice in the nursing methods of the State where we are located. Those are the two points I wish to make. A State association must be organized on the basis of citizenship, and it must give to every woman, in good standing (of course, there must be an eligibility standard), living away from her

home alumnae association an opportunity to take an active part in the work that is going on. Otherwise she can only sit in the background and say nothing.

Miss Barnard in the chair and the president took the floor.—I think it has always been in the minds of all of us that ultimately we should have local associations and State associations for the very reason that Miss Palmer speaks of that. When a nurse comes into any town or city, if she is a member of her school alumnae, no matter what State she comes from, she at once becomes a member of the local association and has her voice in its business affairs just as if she had been there always. If graduates, for instance, from schools in the State of Massachusetts come here, there is every reason why they should enter right into membership and attend the local meetings. Now, the question is just this: if we are going to form State associations and local associations, just how comprehensive are they to be? Shall they consist only of the members of school alumnae, or shall we be more comprehensive and take in women who can qualify in every way just as well as any of us, but who, for various reasons, do not belong to their school alumnae? For instance, the school from which they graduate may not have an alumnae association. It may be that she may never return to the city where she graduated, and there would be no motive for her to help organize an alumnae association in her school. Just the same, that woman wants to be identified with nursing progress in every way. Again I ask, how comprehensive are you going to make the local organizations? From the local organizations will come the State associations.

Miss Dock.—I think the great thing needed is to get nurses to organize—to get them into organizations. I doubt if Miss Barnard's fears of undoing all our work on alumnae lines will be justified. If I thought so I would hesitate. I do not think she is quite right. I do not think the alumnae will be weakened by having other organizations spring up. If we find common ground to work together, all will be strengthened. What I should be sorry to see would be State associations not affiliating with the national body. The national organization, I understand, does not control local affairs. We must make a compromise. The national association must not be too rigid as to membership, and the State organization must not be too independent and stand on State rights. Both sides must make concessions. A compromise might be made in this way: if the State organization in forming found it better to have a very wide, loose membership admission, and the national association feared that this would injure their standard, then suppose a time limit be established, in which the State organization could take in members on that basis. At the end of the time limit, say five years, a more definite standard might be fixed. That plan is often pursued in State legislation. After a certain period uniform standards may be fixed in all the States, which standards should be fixed by the vote of the national body, to which I hope the State associations will always belong.

Miss Barnard.—I did not mean to say that we would necessarily undo the work we have already done, but I hope that instead of making a hasty decision to-day, that a committee may be formed to consider the matter.

Miss Dock.—In the second paragraph of the proposed amendment to Article IV. it is said: "Associate membership shall consist of duly elected delegates representing alumnae associations of small general hospitals whose superintendents are eligible for membership in the American Society of Superintendents of Training-Schools." I believe that it is out of place in this constitution, and I do not think the two societies should be taken into consideration. The National

Alumnæ Association is the association we are now considering, while the American Society of Superintendents is a society of teachers.

MISS BREEZE.—It seems to me that we ought to make the limit of beds less than one hundred. If we are going to help in getting State legislation, we will need the help of all graduated nurses in the State. There are many good schools giving the full two years' training where the hospitals have only fifty or seventy-five beds. I think it would be better to have a smaller number of beds.

THE PRESIDENT.—We have already stricken out the clause, "of not less than one hundred beds," which accomplishes what you desire. I wish to suggest that the school alumnæ throughout New York State form into local associations and form a State association, and that during the year they formulate how much more extensive they wish to make their membership and place it before this association next year.

MISS PALMER.—The alumnæ associations can only use their resident membership. Let the resident members get together and form a society and call it local or county. Those who are not resident members will have no voice in that branch of work.

THE PRESIDENT.—We want local associations formed as soon as possible to get our State organization under way during the coming year. I think there are a sufficient number of you who are members of school alumnæ to get together and form local associations. This will be a nucleus for the State organization. When you get organized, come to some conclusion as to your requirements for membership, how comprehensive you mean to be. We are all agreed that a woman who can qualify in every way except through her school alumnæ ought to have the privileges afforded by the local organizations. We want to get our State organization as soon as possible. For organization purposes take the material you have in your local alumnæ associations for a nucleus, and I advise you to get to work. You will present an object-lesson to other States just as soon as the work gets under way, and if you go about it promptly you will be of great assistance to other States in their organization of State associations.

MISS BARNARD.—It seems to me that we should have a committee appointed to consider this question.

MISS PALMER.—I don't think that the committee should be appointed from this association. I think that the State association should be free to act as it sees fit.

MISS DOCK.—If it will make the work of revision of the constitution easier, I am willing to withdraw my amendment to the amendment, believing that the matter will be better provided for in another way.

THE PRESIDENT.—Just now the constitution is drawn up for associated alumnæ. It seems to me that the adoption of these amendments now would involve the changing of the name of the constitution and revising it from beginning to end.

MISS PALMER.—As I understand, it is proposed that the resident members of the alumnæ associations of New York State shall come together and make themselves a nucleus upon which we shall build our State society, and that we shall practically waive the constitution for the year and report to this association at its next meeting what our requirements are, and then make our application for affiliation with the national association.

Miss Nutting, who had proposed the amendments to the constitution at the last meeting of the association, said, "In view of the fact that the constitution

is to be revised in order to give the association wider scope and bring in other associations, I will withdraw my amendment."

The further amendments to the constitution having been withdrawn, the discussion was declared closed and the convention proceeded to a consideration of the papers prepared for the day.

The first subject was "Openings for Women in the Nursing Profession." Miss Elizabeth R. Scovil, of the Massachusetts General Hospital Alumnae, presented the first paper, which was read by Miss Thornton, the secretary.

Miss S. Louise Laird, of the Rochester City Hospital Alumnae, next read a paper on "The Work of Nurses in Asylums."

A paper on "The Work of Nurses in Sanitariums," prepared by Miss Lobb, of the Farrand Training-School Alumnae, was next read, followed by a paper on "The Work of Nurses in Schools and Colleges," prepared by Miss Martha S. Barr, of the Boston City Hospital Alumnae.

The next general subject selected for discussion was "District and Settlement Work." Under this head a paper on "Settlements" was read by Miss Lilian D. Wald, of the New York Hospital Alumnae.

Under the same general head a paper on "District Work in New York" was next submitted by Miss H. Van Cleft, of the Presbyterian Hospital Alumnae, of New York.

The convention then took a recess until two o'clock P.M.

At two o'clock the convention reconvened and the president announced that the first business in order would be the report of the Committee on Nominations.

Miss Damer made the following report:

REPORT OF NOMINATING COMMITTEE.

"The Nominating Committee beg to submit the following names to be voted upon for office during the coming year:

"President—Mrs. Isabel Hampton Robb; Dr. Tompkins, graduate St. Luke's, New York; Miss Wadley, graduate Bellevue, New York.

"First Vice-President—Miss M. V. Clymer, University of Pennsylvania, Philadelphia; Miss Plummer, Massachusetts General, Boston; Miss Hackett, Illinois Training-School, Chicago.

"Second Vice-President—Mrs. Cuthbertson, St. Luke's, Chicago; Miss Keating, Erie County, Buffalo; Miss Mary E. Smith, Farrand Training-School, Detroit.

"Secretary—Miss Thornton, Post-Graduate Hospital, New York; Miss Dawson, New York Hospital, New York; Miss Carrie Sutliff, New York Hospital, New York.

"Treasurer—Miss Healy, Brooklyn Hospital, Brooklyn, New York; Miss Mason, Brooklyn Hospital, Brooklyn, New York; Miss Stone, Presbyterian Hospital, New York.

"Chairman of Committee on Arrangements—Miss Damer, of Buffalo, New York.

"The Nominating Committee would like to suggest, as the next annual meeting is to be held in Buffalo, that Miss Damer be given the power to choose her own associates.

"ANNIE DAMER,
"Chairman Nominating Committee."

Ballots for voting were distributed, and the president announced that the result of the ballot would not be reported until the close of the session.

Miss Merritt announced that a meeting of the delegates from the New York Alumnae Association for the purpose of considering the subject of organizing a

State association would be held at the Presbyterian Hospital at three o'clock p.m. to-morrow.

By request, Miss Alline addressed the convention briefly on the subject of the teachers' course of study, which she had taken during the past year. She said:

"I am very glad to speak about this course as well as I can, and I can best do so by giving you briefly my experience in the work.

"I consider the course a practical one, not only for superintendents who wish to take up hospital work in the future, but also a practical course for nurses in private work. All of you know that in the past two or three years great interest has grown up in private work in regard to the foods and dietaries in families. You all know that this subject is having special attention now, and if the nurses do not keep up with the work in this branch of their profession and know what particular diet to prescribe in certain cases and become thoroughly acquainted with all the details of the work, the people at home will think it better to have home nurses in place of graduated nurses. The doctors are now taking much more interest in this subject than heretofore. The teachers' course affords to the nurse a thorough and practical training in this very important branch of their profession. We have a thorough course of teaching in institutional work, and we all know from our own training that the teaching has not been all that it should be. Of course, a great deal of that is due to the time given to it. More time will be required from now on, and our work in the teachers' college in that way gives a woman the opportunity of making out her lessons in a practical way. If she goes on with one recitation, she knows how much she can do in the limited time she has; she can work it out so that she gets the greatest advantage in the least time. We have, in connection with our domestic science work, domestic chemistry. In this branch of the work not only are the foods analyzed, but the utensils used in cooking the foods. We do not need any one to tell us whether we can put acids in copper or tin vessels. We have that work down to a fine point, and we take up every subject in the same way. The work has been very pleasant this year and we have accomplished a great deal, but I feel that more time is needed. If you could come to the college and see the work going on you would take more interest in it. The college life is not only interesting, but it is beneficial as well. We have a course of lectures and entertainments for all the students, and the students' clubs are carried on under strict parliamentary rules. As to the financial part of it, your matriculation fee is five dollars and your books cost about twenty dollars. Your entire college expense will average about a hundred dollars a year."

THE PRESIDENT.—We will not attempt to go into details in explaining this teachers' course. Our circular will be out in a few weeks, and it will explain the course thoroughly. I shall be very glad to furnish a copy of the circular to any one who desires it and who will write to my address or to Miss Alline, Teachers' College, Columbia University, New York City. Every one who can do so ought to visit the college on Tuesday afternoon. Miss Alline will be there and will be glad to take you over the college. It is worth a visit.

Miss Maxwell next announced that nurses from St. Luke's Hospital, New York, and St. Luke's Hospital, Utica, and the Presbyterian Hospital, New York, will be in Paris this year for the purpose of nursing American visitors. Their address will be care of Miss Emma Keith Booth, 201 Rue Vaugirard, Paris. They have been advised to go there to do this work, and they will be properly chaperoned and have an abiding-place with a married woman, which they have been told is very important to their success in Paris.

MISS HACKETT.—I wish to move that the delegates to this convention petition the American Society of Superintendents that they individually and col-

lectively use all possible means to discourage the practice of sending third-year pupil nurses outside the hospital for private duty.

Seconded by Miss Dock and unanimously carried.

MISS NUTTING.—We are told that the Army Nursing bill is now dead. It came up in the Senate three weeks ago, and by the vote of only one senator it was reported adversely, and it did not come up in the House at all. From every quarter the report has been industriously circulated that the representative nurses of this country were not in favor of this bill. This report is a gross misrepresentation of the true feeling on the subject. The representative nurses of this country are in favor of the bill. They earnestly desire a change in the existing conditions of army nursing. In view of this fact, and to prevent the further circulation of so misleading a statement, I move that the president appoint a committee of three to frame a resolution expressing the sense of this convention on this subject, and that the committee report the resolution to the convention for a vote.

The motion was seconded and carried, and the president appointed Miss McIsaacs, Miss Carr, and Miss Riddle a committee to prepare the resolution and report back to the convention.

The president announced that members of the International Council of Trained Nurses had been invited to attend the conference of the associated alumnae at Buffalo next year, and that from letters received from them it was stated that none of them were able to come early in the year. There were other reasons which made it desirable to have the next convention meet later than May, the time which had been selected heretofore. The Society of Superintendents will hold its annual meeting in September and the Associated Alumnae had been requested to hold their meeting at the same time. It would hardly do to meet in midsummer, and September was a pleasant month in Buffalo. If, therefore, there is no objection, it will be considered settled that the next meeting will be held in Buffalo during the third week of September instead of May.

There being no objection it was so ordered.

The convention then resumed the consideration of papers on "District Work." A paper on "District Work in Boston," prepared by Miss Lucy MacBride, of the Boston City Hospital Alumnae, was next read, followed by a paper on "District Work in Philadelphia," prepared by Miss Forbes, of the Pennsylvania Hospital Alumnae, and by one on "District Work in Chicago," prepared by Miss Harriet Fulmer, of St. Luke's Hospital Alumnae, Chicago. Miss Annie Damer, of the Bellevue Hospital Alumnae, gave her paper on "District Work in Buffalo."

Three papers on "Visiting Nursing," prepared by Mrs. William M. Carhart, of the New York Post-Graduate Hospital Alumnae, by Miss J. J. Cunningham, of the Rochester City Hospital Alumnae, and by Miss Helena Barnard, of the Johns Hopkins Hospital Alumnae, were omitted in consequence of the limited time. The president announced that these papers would appear in the printed proceedings.

Miss McIsaacs, from the committee appointed to frame a resolution expressing the feeling of the convention upon the subject of the Army Nursing bill, submitted the following:

"The Associated Alumnae of Trained Nurses of the United States, representing by its forty-eight delegates many of the principal training-schools for

nurses of the country, at its third annual meeting, held at the Academy of Medicine, in New York, May 5, 1900, proposes the following resolution:

"Resolved, That this association strongly and unanimously endorses the principles contained in the bill recently before Congress, to establish a permanent Army Nursing Service, under the direction of a properly qualified trained nurse, subject to the control of the Secretary of War and the Surgeon-General of the United States Army, and furthermore pledges its hearty support to every effort to secure its passage."

The resolution was unanimously carried.

The convention then resumed the consideration of papers on "The Necessity for and Development of Post-Graduate Work for Graduate Nurses." Papers on this subject were read by Miss Mary Day Barnes, of the Illinois Training-School Alumnae, and by Miss Persis Plummer, of the Massachusetts General Hospital Alumnae. A general discussion finally closed this part of the proceedings.

THE PRESIDENT.—What is the pleasure of the convention as to the affiliation of this body with the International Council of Nurses?

MISS DOCK.—As secretary of the Superintendents' Society, I would caution you against haste. The Superintendents' Society decided to enter the National Council of Women as a body, but I have not yet seen the letter saying so. Then the question of affiliating with you in the International Council of Nurses was brought up but no vote taken. I believe the general sentiment of that society would be for affiliation. But no action has been taken, and I would suggest that you empower your secretary to write to me as secretary of the Superintendents' Society, and I will lay the proposition before my society that such an affiliation is desired by you. I will submit the question by letter and get the votes in the same way.

MISS BREEZE.—I move that the president appoint two members of this association to confer with the Superintendents' Society, and that all further business as to the affiliation with the International Council of Nurses be left to the Executive Committee. Carried.

MISS ROSS.—I move that a committee of five be appointed by the chair to consider the best methods of establishing a Central Directory and to report at the next annual meeting.

Seconded by Miss Carr, and adopted.

MISS NUTTING. Is it possible to suspend the by-laws to enable me to present a name for honorary membership?

THE PRESIDENT.—The by-laws can be suspended by unanimous consent.

The rules having been unanimously suspended, Mrs. W. Bayard Cutting was elected an honorary member of this association in recognition of her special services in the interests of the nursing profession.

Miss Damer, from the Committee on Nominations, submitted the following report of the vote for officers for the ensuing year:

"President, Mrs. Isabel Hampton Robb; first vice-president, Miss Hackett; second vice-president, Miss Keating; secretary, Miss Thornton; treasurer, Miss Healy; chairman of Committee on Arrangements, Miss Damer."

MISS CARR.—I wish to submit the following:

"WHEREAS, The delegates to the Associated Alumnae of the United States, desiring to express their appreciation of the work of the Committee on Arrangements, it is

"Resolved, That our most hearty gratitude be extended to the Committee on Arrangements, and especially to its chairman, Miss Maxwell, for the excellent

provision for the comfort and entertainment of the delegates during this convention."

Unanimously carried.

THE PRESIDENT.—We all heartily concur in the resolution that our Committee of Arrangements have taken splendid care of us, and I ask a rising vote of thanks to the committee.

A unanimous rising vote was given.

Miss McIsaacs introduced a resolution of thanks to the entertainers of the delegates, which was unanimously adopted.

Miss Hackett, the newly elected vice-president, said that she had no idea of being elected to the position, but as she had been, she would do the best she could.

MISS KEATING.—I really have no speech to make. I shall hope the president and vice-president may be there to do everything, and that I shall not be needed for much.

THE PRESIDENT.—In closing the proceedings of this convention I want to say that we have many things to be thankful for. The registers show the full number of delegates lacking one, and the general meetings have been well attended. The papers and the discussions have been excellent. The weather has been delightful, and I want to express my personal thanks for your continued confidence in my ability to guide the affairs of your association. I can only assure you of my willingness and desire to further the interests of the association in every way possible.

I now declare the Third Annual Convention of the Associated Alumnae of Trained Nurses of the United States adjourned.

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